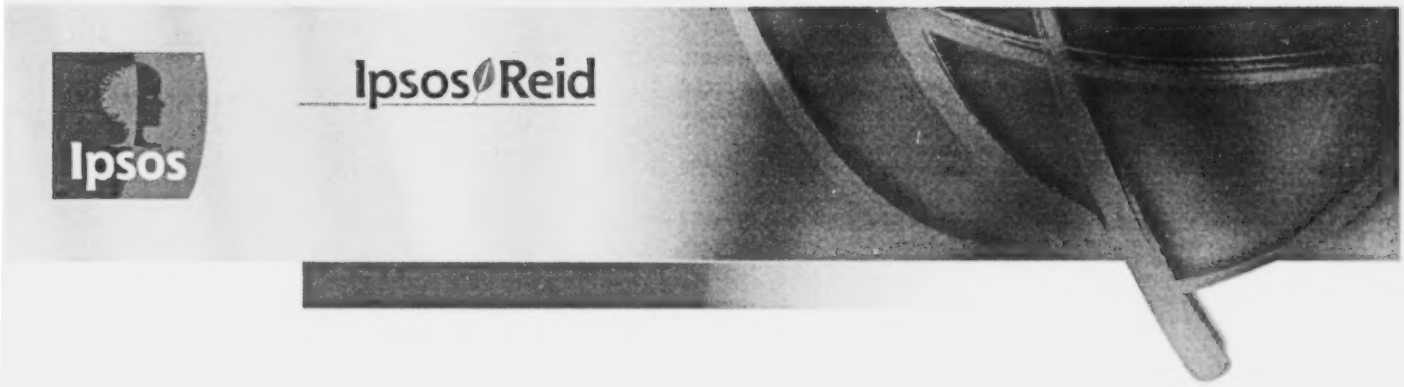

Satisfaction with Health Care Services:

A Survey of Albertans
2004

FINAL REPORT

HQCA
Health Quality Council of Alberta

November 2004

HQCA

Health Quality Council of Alberta

Our vision:

Promoting world-class leadership in quality, safety and performance throughout Alberta's health system.

Our mission:

Independently report to Albertans on the quality, safety and performance of the publicly funded health care system.

HQCA

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HQCA

EXECUTIVE SUMMARY

The HQCA is an arm's length organization empowered and funded by the Government of Alberta to report directly to Albertans on the quality, safety and performance of health care services. The council identifies best practices and reviews and monitors health care quality across the following dimensions: access, acceptability, appropriateness, effectiveness, efficiency and patient safety.

The HQCA does this through various means, including conducting surveys of Albertans to determine satisfaction with the health system and reporting results to the public. In both 2003 and 2004, the HQCA commissioned Ipsos-Reid to conduct a survey among Albertans to determine their perception of the overall quality of health care services and satisfaction levels with health care services they actually received in the province. This information is vital in identifying what Albertans believe are priority issues affecting the quality, safety and performance of the publicly funded health care system. It will also inform the stakeholders (regional health authorities, health care professionals and policy makers) responsible for health care service delivery on the critical issues most important to the users of the system.

A total of 4,608 telephone interviews were conducted among a random stratified sample of adult Albertans between May 6th and June 18th, 2004. In 2003, a total of 4,004 telephone interviews were conducted between April 4th and 23rd, 2003. This executive summary addresses the key findings of the 2004 survey and provides a comparison to the 2003 results.

Provincial Overview

Interaction with the Health Care System

The proportion of Albertans saying they had interacted with health care services remains high at 88% within the past year, compared to 83% in 2003. Specifically, interaction with family doctors is greatest (68%), followed by diagnostic testing (42%), community walk-in clinics (35%), specialists (29%), special therapy services (29%), hospital services (28%), and emergency room services (26%). Interaction is less prominent with respect to surgery (9%), mental health services (6%), home care (5%), or long term care for family members (3%).

- Interaction with diagnostic testing, family doctors, hospital services, specialists and surgery was significantly higher in 2004 compared to 2003.

Quality of Health Care Services

The **perception** of the overall quality of Alberta's health care system and the medical services it provides has significantly improved compared to 2003. In 2004, 73% of Albertans rated the quality of the health care system as excellent, very good or good compared to 69% in 2003. In contrast, when Albertans rated the quality of services **actually received** in 2004, 81% rate the quality as excellent, very good or good compared to 74% in 2003. The gap between the perception of the quality of the services and actual experiences has widened to 8% in 2004 compared to 5% in 2003.

Satisfaction with Health Care Services Received

Fifty-one percent (51%) of Albertans who received health care services in this past year were either satisfied or very satisfied with the services they received. Satisfaction with specific health care services received ranks as follows:

Satisfaction with Health Care Services Received: 2004 vs. 2003

Health Care Service Area	2004	2003	% Change
Lab tests	85%	81%	+4
Family doctors	84%	81%	+3
Diagnostic imaging other than MRIs	83%	-	-
Surgery	80%	79%	+1
MRIs	75%	-	-
Specialists	73%	68%	+5
Hospital care personally received	69%	66%	+3
Mental health services	68%	-	-
Hospital care provided to a family member	61%	59%	+2
Community walk-in clinics	59%	-	-
Home care provided to family members	54%	60%	-6
Long term care provided to family members*	52%	60%	-8
Emergency room services	50%	50%	0
Health Link services	77%	-	-
Complaint handling	13%	19%	-6

- Denotes a new question, trending not available

** Caution: small sample size*

Many factors are associated with Albertans' overall satisfaction with the health care services they have received. In prioritizing efforts to improve patient satisfaction in the province, four specific themes emerge:

1. Improve access to health care services;
2. Ensure health care professionals continue to coordinate their efforts to meet patient needs;
3. Improve the system to reduce the occurrence of serious complaints; and
4. Alleviate concerns about medical mistakes.

The service characteristics associated with satisfaction with individual health care service delivery areas consistently involve timeliness issues, outcomes, customer service characteristics, and the thoroughness of examinations.

Access to Health Care Services

The **perception** of how difficult or easy it is for Albertans to access the health care services they needed has not changed significantly from 2003. In 2004, 40% of Albertans feel it is difficult rather than easy (21%) to access health care services compared to 37% (difficult) and 22% (easy) in 2003. In contrast, when Albertans rated accessibility based on **actual experiences** in 2004, 45% say it was easy to access services, compared to 42% in 2003. The gap between the perception of accessibility and actual experience has widened to 24% in 2004 compared to 20% in 2003.

The extent to which it is easy to access various types of health care services ranges significantly.

Access to Health Care Services: 2004 vs. 2003

Health Care Service Area	2004	2003	% Change
Lab tests	85%	81%	+4
Finding family doctors	72%	69%	+3
Diagnostic imaging other than MRIs	70%	-	-
Mental health services	65%	-	-
Community walk-in clinics	60%	-	-
Surgery	58%	58%	0
Home care	56%	61%	-5
Hospital services personally received	51%	52%	-1
ER services	49%	46%	+3
MRIs	49%	-	-
Specialists	47%	42%	+5
Long term care for family members*	26%	39%	-13

- Denotes a new question, trending not available

** Caution: small sample size*

Accessibility is the key factor associated with Albertans' satisfaction with health care services. Therefore, the key factors related to the ease or difficulty in accessing services are, in turn, top priority areas for the province's health care system. In prioritizing efforts to improve accessibility, five specific themes emerge:

1. Ease of finding a personal family doctor;
2. Access to emergency room services;
3. Access to hospitals;
4. Access to specialists; and
5. Access to community walk-in clinics.

Patient Safety

Concern about medical mistakes has risen over the past year, (33% in 2004 compared to 30% in 2003). Concern about medical mistakes is a key factor impacting overall satisfaction with health care services in Alberta and the rising level of concern about medical mistakes will negatively impact overall satisfaction levels with health care services received. Overall, 13% of Albertans believe that during their care in Alberta's health care system they or a family member experienced a medical mistake that resulted in serious harm, such as death, disability, or additional prolonged treatment (similar to 14% in 2003).

Complaints

Sixteen percent (16%) of Albertans report having a serious complaint about health care services they received this past year, similar to 15% in 2003. Of these Albertans, 42% continue to **NOT** report serious complaints they have about the health care they received, compared to 41% in 2003. Of these respondents, 38% believe that reporting complaints would not have done any good or that nothing would have been done. Accessibility to health care represents 33% of the descriptions of "serious" complaints respondents report having this past year.

Sixty-two percent (62%) of Albertans continue to be dissatisfied with how their complaint was handled and addressed, compared to 60% in 2003. Only 13% of those who had complaints this past year are satisfied with how it was handled, compared to 19% last year.

Coordination of Care

Eighty-three percent (83%) of Albertans describe how well health care professionals coordinate their efforts to serve patient needs as excellent, very good or good. This is unchanged from 2003.

Health Link

Sixty-four percent (64%) of Albertans are aware of Health Link since its province-wide implementation last year. Almost one-quarter (23%) of Albertans indicate they have called Health Link within the past year, the majority (77%) of whom are satisfied with their experience with Health Link.

Summary of Significant Changes

Albertans' satisfaction with health care services received has significantly improved in many areas over the past year. Positively, no significant declines in satisfaction emerge since 2003.

Satisfaction Measure	2004	2003	% Change
	% Satisfied (4 and 5 out of 5)		
Family Doctors			
• Overall	84	81	+3
• The amount of time from booking the appointment to actually seeing your doctor	68	64	+4
Specialists			
• The ultimate impact the specialist's treatment has had upon your health and life	70	64	+6
• The amount of time you had to wait for the specialist to review any required test results	61	55	+6
Diagnostic Testing			
• Being kept up-to-date on the status of your wait for the diagnostic test	62	57	+5
• The distance you had to travel to receive the tests	80	75	+5
• The clarity of the test results to diagnose your health problem	78	72	+6
• The thoroughness of the testing to diagnose your health problem	82	77	+5
Hospital Services – Personally Received			
• The hospital staff being courteous, sensitive and compassionate	80	72	+8
• Receiving adequate information regarding your medical condition, hospital care or medications	73	63	+10
• Understanding which health care provider was responsible for the services you needed while in the hospital	73	61	+12
Hospital Services – Close Family Member			
• The hospital staff being courteous, sensitive and compassionate to your family member	73	66	+7

With respect to **accessibility**:

- Overall access has improved from 42% saying access was easy in 2003 to 45% in 2004; and
- The ease of finding a family doctor has risen from 69% in 2003 to 72% in 2004.

Other **significant positive changes** achieved this past year relate to:

- A higher proportion of Albertans perceive the quality of health services in Alberta as excellent, very good or good (73% in 2004 vs. 69% in 2003);
- A higher proportion of Albertans rates the quality of health care services they actually received as being excellent, very good or good (81% in 2004 vs. 74% in 2003); and
- A higher proportion of Albertans have a personal family doctor (84% in 2004 vs. 81% in 2003).

The two **significant negative changes** occurring this past year include:

- A higher proportion of Albertans are concerned about medical mistakes (33% in 2004 vs. 30% in 2003); and
- A smaller proportion of Albertans rate their health as excellent or very good (58% vs. 61% in 2003).

Regional Overview

Differences Among Regions

Satisfaction and accessibility scores often differ significantly according to the health region in which Albertans live. The following table provides a brief overview of satisfaction and accessibility scores for various health care service delivery areas evaluated. Where arrows point upward, residents in that region express significantly *higher* scores than at least three other health regions (the exact number of health regions is noted in parentheses). Where arrows point downward, residents in that region express significantly *lower* scores than at least three other health regions (the exact number of health regions is noted in parentheses).

Summary of Satisfaction and Accessibility Scores
- By Health Region -

	Overall Quality*		Overall Access	Overall Sat.	Family Doctors	Comm. Walk-in Clinics	ER Services	Specialists	Diagnostic Imaging	Lab Tests
Alberta	81	% Easy access	45		72	60	49	47	70	85
		% Satisfied		51	84	59	50	73	83	85
Regional Overview										
1 Chinook	79	% Easy access	47		78 ↑ (4)	54	51	49	70	86
		% Satisfied		52	87	59	48	79	77	85
2 Palliser	82	% Easy access	48		72	56	55	58	82 ↑ (5)	90
		% Satisfied		56 ↑ (3)	85	54	56	82 ↑ (3)	89	90
3 Calgary	80	% Easy access	44		69 ↓ (4)	60	42 ↓ (4)	42	70	85
		% Satisfied		49	82	62	40 ↓ (5)	76	81	82
4 David Thompson	83	% Easy access	52 ↑ (3)		79 ↑ (5)	62	58	54	69	83
		% Satisfied		54	88	69 ↑(4)	66 ↑ (5)	77	85	85
5 East Central	78	% Easy access	44		75	54	63 ↑ (4)	57	68	87
		% Satisfied		53	87	58	59	74	81	93 ↑ (6)
6 Capital	84 ↑ (5)	% Easy access	46		73	59	47	47	72	84
		% Satisfied		52	85	53 ↓(3)	51	67	86	85
7 Aspen	78	% Easy access	43		76	56	59 ↑ (3)	46	72	87
		% Satisfied		50	83	51	61 ↑ (3)	69	84	85
8 Peace Country	76	% Easy access	44		70	67	50	54	63	81
		% Satisfied		48	83	71 ↑(5)	52	76	84	87
9 Northern Lights	73 ↓ (5)	% Easy access	33 ↓ (8)		49 ↓ (8)	50	38 ↓ (6)	34 ↓ (6)	51 ↓ (7)	88
		% Satisfied		43 ↓ (5)	79 ↓ (4)	49	46 ↓ (3)	68	67 ↓ (7)	86

* Percentage total of good/very good/excellent ratings

Regional Overview

Differences Among Regions

Satisfaction and accessibility scores often differ significantly according to the health region in which Albertans live. The following table provides a brief overview of satisfaction and accessibility scores for various health care service delivery areas evaluated. Where arrows point upward, residents in that region express significantly *higher* scores than at least three other health regions (the exact number of health regions is noted in parentheses). Where arrows point downward, residents in that region express significantly *lower* scores than at least three other health regions (the exact number of health regions is noted in parentheses).

Summary of Satisfaction and Accessibility Scores
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		% Satisfied		51	84	59	50	73	83	85
Regional Overview										
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		% Satisfied		52	87	59	48	79	77	85
2 Palliser	82	% Easy access	48		72	56	55	58	82 ↑ (3)	90
		% Satisfied		56 ↑ (3)	85	54	56	82 ↑ (3)	89	90
3 Calgary	80	% Easy access	44		69 ↓ (4)	60	42 ↓ (4)	42	70	85
		% Satisfied		49	82	62	40 ↓ (5)	76	81	82
4 David Thompson	83	% Easy access	52 ↑ (3)		79 ↑ (3)	62	58	54	69	83
		% Satisfied		54	88	69 ↑ (4)	66 ↑ (5)	77	85	85
5 East Central	78	% Easy access	44		75	54	63 ↑ (4)	57	68	87
		% Satisfied		53	87	58	59	74	81	93 ↑ (3)
6 Capital	84 ↑ (6)	% Easy access	46		73	59	47	47	72	84
		% Satisfied		52	85	53 ↓(3)	51	67	86	85
7 Aspen	78	% Easy access	43		76	56	59 ↑ (3)	46	72	87
		% Satisfied		50	83	51	61 ↑ (3)	69	84	85
8 Peace Country	76	% Easy access	44		70	67	50	54	63	81
		% Satisfied		48	83	71 ↑ (3)	52	76	84	87
9 Northern Lights	73 ↓ (5)	% Easy access	33 ↓ (6)		49 ↓ (6)	50	38 ↓ (6)	34 ↓ (6)	51 ↓ (7)	88
		% Satisfied		43 ↓ (5)	79 ↓ (4)	49	46 ↓ (3)	68	67 ↓ (7)	86

* Percentage total of good/very good/excellent ratings

Certain differences in results also occurred among health regions with respect to levels of concern about medical mistakes, having complaints, awareness of Health Link and perceptions of the coordination of care. The table below summarizes these differences across health regions. Where arrows point upward, residents in that region express significantly *higher* scores than at least three other health regions (the exact number of health regions is noted in parentheses). Where arrows point downward, residents in that region express significantly *lower* scores than at least three other health regions (the exact number of health regions is noted in parentheses).

Summary of Ratings Across Health Regions: Medical Mistakes, Complaints, Health Link, Coordination

	Medical Mistakes % Concerned	Having Complaints % Yes	Health Link % Aware	Coordination of Care % Excellent/ Very Good/ Good
Alberta	**33**	**16**	**64**	**83**
1 Chinook	31	17	49 ↓ (8)	85
2 Palliser	30	15	61	86
3 Calgary	34	16	59	81
4 David Thompson	31	12	62	85
5 East Central	36	21 ↑ (3)	66	86
6 Capital	34	15	72 ↑ (8)	83
7 Aspen	29	16	61	83
8 Peace Country	34	15	65	85
9 Northern Lights	34	22 ↑ (5)	64	76 ↓ (7)

Significant Changes within Health Regions

Albertans' views and satisfaction with health care services have changed in each of the nine health regions in the province since last year. The significant differences are noted for each health region in the following tables.

	Scale	2004	2003	% Change
RHA 1 – Chinook				
Has Personal Family Doctor	% Yes	87	82	+5
Finding a Family Doctor	% Easy	78	85	-7
Hospital Services – Close Family Member				
• The ultimate impact the hospital care has had upon your family member's health and life	% Satisfied	80	66	+14
	Scale	**2004**	**2003**	**% Change**
RHA 2 – Palliser				
Family Doctors				
• The amount of time you waited at your doctor's office before getting into see him or her	% Satisfied	73	62	+11
• Your doctor's ability to refer you to a specialist in a timely manner	% Satisfied	83	75	+8
Emergency Rooms				
• Emergency room staff explaining things to you in a way you could understand	% Satisfied	76	63	+13
• The thoroughness of examinations the emergency room's doctor conducted	% Satisfied	69	56	+13
Specialists				
• Overall satisfaction	% Satisfied	82	64	+18
• The knowledge and competence of the specialist	% Satisfied	91	81	+10
• Being involved as much as you wanted in the decisions about the ultimate treatment provided	% Satisfied	83	64	+19
Diagnostic Testing				
• Lab Tests Overall	% Satisfied	90	75	+15
• The amount of time it took to schedule your diagnostic tests	% Satisfied	73	62	+11
• Being kept up-to-date on the status of your wait for the diagnostic test	% Satisfied	73	57	+16
• The distance you had to travel to receive the tests	% Satisfied	90	70	+20

	Scale	2004	2003	% Change
RHA 3 – Calgary				
Overall Quality of Health Care Services Received	% Excellent/ Very Good/ Good	80	74	+6
Specialists • The ultimate impact the specialist's treatment has had upon your health and life	% Satisfied	75	65	+10
Hospital Services – Personally Received • Receiving adequate information regarding your medical condition, hospital care or medications	% Satisfied	79	60	+19
• Understanding which health care provider was responsible for the services you needed while in the hospital	% Satisfied	71	53	+18
Concern about medical mistakes	% Concerned	34	28	+6

	Scale	2004	2003	% Change
RHA 4 – David Thompson				
Family Doctors • Your doctor's ability to refer you to a specialist in a timely manner	% Satisfied	81	74	+7
Diagnostic Testing • The clarity of the test results to diagnose your health problem	% Satisfied	79	71	+8

	Scale	2004	2003	% Change
RHA 5 – East Central				
Perceptions of Alberta's Health Care System	% Excellent/Very Good/Good	70	76	-6
Overall Ease of Access of Health Care Services Received	% Easy	44	57	-13
Family Doctors • Your doctor's ability to refer you to a specialist in a timely manner	% Satisfied	83	76	+7
Emergency Rooms • Overall Satisfaction	% Satisfied	59	75	-16
Specialists • Being involved as much as you wanted in the decisions about the ultimate treatment provided	% Satisfied	67	84	-17
Diagnostic Testing • Having a doctor spend enough time with you to explain the test results	% Satisfied	83	72	+11
Hospital Services – Personally Received • Providing you with information about what to expect and what to do after leaving the hospital	% Satisfied	68	87	-19
• Making sure that contacts were made with other services or agencies that you may have needed after leaving the hospital	% Satisfied	59	81	-22
Hospital Services – Close Family Member • Providing your family member with adequate information regarding his or her medical condition, hospital care or medications	% Satisfied	56	75	-19
• Having the same or consistent hospital staff provide services to your family member	% Satisfied	59	74	-15
Experienced a Medical Mistake	% Yes	17	9	+8
Serious Complaint about Health Care Services Received	% Yes	21	13	+8

	Scale	2004	2003	% Change
RHA 6 – Capital				
Perceptions of Alberta's Health Care System	% Excellent/ Very Good/ Good	75	67	+8
Has Personal Family Doctor	% Yes	85	79	+6
Finding a Family Doctor	% Easy	73	66	+7
Overall Quality of Health Care Services Received	% Excellent/ Very Good/ Good	84	72	+12
Overall Ease of Access of Health Care Services	% Easy	46	39	+7
Family Doctors				
• Overall satisfaction	% Satisfied	85	80	+5
• The amount of time from booking the appointment to actually seeing your doctor	% Satisfied	72	63	+9
Diagnostic Testing				
• The clarity of the test results	% Satisfied	79	70	+9
• The thoroughness of the testing	% Satisfied	86	75	+11
Hospital Services – Personally Received				
• Understanding which health care provider was responsible for the services you needed while in the hospital	% Satisfied	77	60	+17

	Scale	2004	2003	% Change
RHA 7 – Aspen				
Overall Quality of Health Care Services Received	% Excellent/ Very Good/ Good	78	70	+8
Emergency Rooms				
• Emergency room staff explaining things to you in a way you could understand	% Satisfied	78	65	+13
Specialists				
• The specialist spending enough time with you during the appointment	% Satisfied	74	59	+15
Concern about Medical Mistakes	% Concerned	29	37	-8

	Scale	2004	2003	% Change
RHA 8 – Peace Country				
Perceptions of Alberta's Health Care System	% Excellent/ Very Good/ Good	67	56	+11
Has Personal Family Doctor	% Yes	88	83	+5
Overall Ease of Access to Health Care Services	% Easy	44	36	+8
Emergency Rooms				
• Emergency Room Ease of Access	% Easy	50	38	+12
• The amount of time it took to be assessed by a nurse upon arrival in the emergency room	% Satisfied	61	47	+14
• The ultimate impact the emergency room care has had upon your health and life	% Satisfied	68	51	+17
• The thoroughness of examinations the emergency room's doctor conducted	% Satisfied	70	57	+13
• The knowledge and competence of the emergency room's doctor	% Satisfied	80	67	+13
Specialists				
• Overall Satisfaction	% Satisfied	76	53	+23
• The specialist listening carefully to your concerns	% Satisfied	83	64	+19
• The specialist spending enough time with you during the appointment	% Satisfied	76	58	+18
• The ultimate impact the specialist's treatment has had upon your health and life	% Satisfied	73	52	+21
Diagnostic Testing				
• The thoroughness of the testing	% Satisfied	85	74	+11
Hospital Services – Personally Received				
• Providing you with information about what to expect and what to do after leaving the hospital	% Satisfied	85	62	+23
• Understanding which health care provider was responsible for the services you needed	% Satisfied	82	61	+21

	Scale	2004	2003	% Change
RHA 9 – Northern Lights				
Finding a Family Doctor	% Easy	49	60	-11
Family Doctors				
• The amount of time from booking the appointment to actually seeing your doctor	% Satisfied	42	52	-10
Coordination of Health Care Services	% Excellent/ Very Good/ Good	76	84	-8

HQCA

BACKGROUND AND METHODOLOGY

Albertans depend on their public health care system to provide safe patient care and deliver high quality services. That is why the Alberta government expanded the mandate of the Health Services Utilization and Outcomes Commission to create the Health Quality Council of Alberta (HQCA) in February 2004.

The HQCA is an arm's length organization empowered and funded by the Government of Alberta to report directly to Albertans on the quality and performance of health services. The council identifies best practices, and reviews and monitors health care quality, including: access, acceptability, appropriateness, effectiveness, efficiency and patient safety.

The HQCA does this by:

- Reporting to Albertans on the quality of the health system based on accessibility, acceptability, appropriateness, efficiency, effectiveness, and patient safety.
- Conducting surveys of Albertans to determine satisfaction with the health system and reporting results to the public.
- Identifying concerns about health system quality, including patient safety and access.
- Analyzing trends in the concerns raised by Albertans and providing advice for system quality improvement.
- Collaborating with health regions and other stakeholders such as the Health Council of Canada and the Canadian Patient Safety Institute to define best practices and facilitate knowledge transfer of leading health care practices throughout Alberta.
- Advising the Minister of Alberta Health and Wellness on the quality of Alberta's health system and areas for quality improvement and research.

In 2003 the former Health Services Utilization and Outcomes Commission, now the HQCA, commissioned Ipsos-Reid to conduct a survey among Albertans to determine their perception of the overall quality of health care services and satisfaction levels with health care services they received in the province.

In 2004, the HQCA conducted a follow up survey to again look at Albertans' satisfaction with health care services in the province and within each of the nine health regions. The purpose of the 2004 survey was to compare the results with those obtained in 2003 and expand the survey into new health service areas such as Mental Health and Alberta Health Link.

In 2004, the aim again was to measure satisfaction with health care services through the eyes of Albertans and to identify areas of success and those needing improvement. This information is vital in identifying what Albertans believe are priority issues affecting the quality, safety and performance of the publicly funded health care system. It will also inform the stakeholders responsible for health care service delivery on the critical issues most important to the users of the system.

The main objectives of the 2004 survey were to:

1. Measure Albertans' perceptions of the overall quality of health care services and their satisfaction with health care services they actually received in the following service areas:
   - Family doctors
   - Community walk-in clinics
   - Emergency room services
   - Specialists
   - Diagnostic testing
   - Hospital services
   - Surgery
   - Home care
   - Long term care
   - Mental Health
   - Health Link
2. Compare results between 2004 and 2003 to note changes and look for trends over time.
3. Identify what service attributes are most important to Albertans when they rate their satisfaction with the health services they receive.

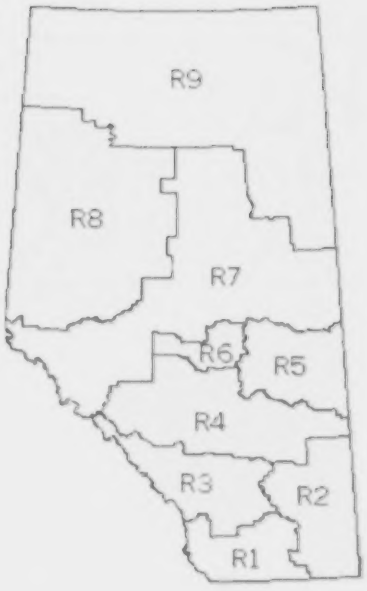
A formal pilot test was conducted among 100 Albertans across the province prior to finalizing the questionnaire. To further test changes resulting from this pilot test, a second pilot test among 25 Albertans was conducted prior to the live launch of this survey.

Ipsos-Reid conducted a total of 4,608 telephone interviews with Albertans aged 18 years and older between May 6th and June 18th, 2004. The average interview duration was 19.37 minutes. The "most recent birthday" method was used to choose the person to be interviewed within each household contacted. Interviews were stratified by the nine provincial health regions as well as by gender (50% of the interviews within each health region were conducted with males and 50% were conducted with females). For each number originally dialed, eight callback attempts were made prior to abandoning the piece of sample and these callbacks were placed during daytime and evening hours during the week and weekend.

Statistical weights were applied to the data to correct for disproportionate sampling representation of the nine health regions, gender and age cohorts. Call dispositions, response rates and weighting factors are included in the Sampling Report section of the appendices in this report.

For reference purposes, the health regions of Alberta are identified in this report by the following names:

Health Region	Community
Health Region 1	Chinook
Health Region 2	Palliser
Health Region 3	Calgary
Health Region 4	David Thompson
Health Region 5	East Central
Health Region 6	Capital
Health Region 7	Aspen
Health Region 8	Peace Country
Health Region 9	Northern Lights



The following table details the number of interviews conducted overall and within each health region as well as the corresponding margins of error.

Sample Framework by RHA

RHA	Population Dec. 2003	% of AB Population	# Interviews (n)	Margin of Error (+/-)
RHA 1 – Chinook	152,636	4.9%	446	4.6%
RHA 2 – Palliser	98,074	3.1%	408	4.9%
RHA 3 – Calgary	1,122,303	35.9%	851	3.4%
RHA 4 – David Thompson	286,211	9.2%	404	4.9%
RHA 5 – East Central	109,981	3.5%	403	4.9%
RHA 6 – Capital	978,048	31.3%	863	3.3%
RHA 7 – Aspen	176,580	5.7%	411	4.8%
RHA 8 – Peace Country	130,848	4.2%	406	4.9%
RHA 9 – Northern Lights	69,063	2.2%	416	4.8%
TOTAL	**3,123,744**	**100%**	**4,608**	**1.44%**

The reason behind starting with such a large sample size was twofold: 1) to obtain reliable sample sizes within each of the nine health regions for regional analyses; and, 2) to obtain large enough sample sizes within each health care service delivery area. With respect to the latter objective, it would be more efficient to use a database of individuals who actually experienced specific health care services. However, such databases are not available for survey use under current legislation and, therefore, the methodology had to first start with asking individuals whether they had received any of the various health care services we examined. Using these subsets of Albertans, further questions were asked related to access and satisfaction with the services they received.

In the analysis of data, several steps were taken to ensure the accuracy of the data output. The first step in the quantitative analysis involves an examination of the frequency distributions of all of the interview items. While the univariate analysis is rarely informative in and of itself, it facilitates the examination of distributions for incorrect codes, wild codes or outliers that may distort measures of central tendency. The distribution curves also provide some guidelines for creating or collapsing categories for further analysis. The data deliverable from this analysis is a complete and clean frequency distribution of the survey data.

The second step involves a thorough examination of bivariate distributions. That is, each item in the questionnaire is cross-tabulated with relevant attitudinal, behavioural and demographic variables. These cross-tabulations permit a cursory investigation of relationships between variables and suggest some interesting findings that can be explored in greater depth. The data deliverable from the bivariate analysis is a complete set of detailed cross-tabular tables.

In this report, we refer to "significantly" different results when statistically meaningful differences occur. In simple terms, statistical significance means that two (or more) numbers are different from one another. In statistical terms, it means that a null hypothesis is rejected and that the same result will occur, given similar circumstances, within a set of specified limits (19 times out of 20). Significance tests allow researchers to say, with a specified degree of certainty, that two numbers are different.

The simplest measure of significance is the confidence level given to a percentage in the survey. Most surveys contain a qualifying statement, such as, *"the results of this survey have a margin of error of +/- 3 percent, 19 times out of 20."* This number reflects the window or spread of values expected across different survey samples. The actual collection, based on the percentage of response and sample size, is reflected in the following formula:

$ME = 1.96^{*} ((P^{*}(100-P))/n-1)\ ½$

ME = margin of error
1.96 = the 95 percent confidence limit
P = percentage response
n = sample size

As well, we used propmean t-tests that are t-tests run on column means and column proportions.

When analyzing differences among the nine health regions in Alberta in this report, where arrows point upward, residents in that region express significantly *higher* scores than at least three other health regions. Where arrows point downward, residents in that region express significantly *lower* scores than at least three other health regions. When analyzing differences between 2004 and 2003, significant results are noted with a star. Where no star exists, significant differences do not occur.

As an additional step in analyzing the data, an advanced analytical technique (Shapley's Values in a penalty-reward analysis) were applied to further understand the inter-relationship of attributes associated with Albertans' satisfaction with health care services in the province.

Ipsos-Reid also conducted a "penalty-reward" analysis of the attributes associated with both the ease and difficulty of access to Alberta's health care services as well as the attributes associated with satisfaction and dissatisfaction with Alberta's health care services. This analysis examined both the "top box" (ratings of 4 or 5 out of 5 denoting easy access or satisfaction) and the "low box" (ratings of 1 or 2 out of 5 denoting difficult access or dissatisfaction) to derive the key factors related to the variable in question.

The service attributes that are associated with the ease of access or satisfaction appear as positive factors. Delivering on these elements positively affects the ease of access or satisfaction with Alberta's health care services. The overall magnitude of the positive factor indicates the degree to which the element is associated with the overall ease of access or satisfaction with health care services.

The service attributes that are associated with the difficulty of access or dissatisfaction become negative factors. Failing to deliver on these elements will result in increased ratings that it is difficult to access the system, or will result in increased dissatisfaction among the public served by the service attribute.

This analysis uses Shapley's Values, a mathematical technique for deriving the relative importance of the set of service attributes assessed. The output that is presented rank-orders the service attributes that are most and least important to respondents as they pertain to Albertans' ratings of the ease and difficulty of access or satisfaction with health care services in the province.

Simply put, typical customer satisfaction results are flat. Most analyses use the top end of the scale to rate services. The penalty-reward analysis looks at the end of the scales to determine if lower scale points are correlated with dissatisfaction and the higher scale points are correlated with satisfaction. By examining the extremes of the scale, the analysis identified critical service attributes where Albertans' responses point to the desirability of service improvements – as well as identifying which service attributes add value.

The output is displayed as a bar chart indicating which areas are more likely to result in lower overall satisfaction and which are more likely to result in higher overall satisfaction. In the bar charts presented in this report, service attributes are presented in descending order of importance – the magnitude (sum of the penalty and the reward).

Service attributes that only appear as penalties, or negative factors, should be fixed. There may be no reward for improving the service attribute, but not doing it well detracts from overall satisfaction. In contrast, the service attributes that appear as positive factors add value to Albertans, and those that appear as both a positive and negative factor provide insight into preventing dissatisfaction and increasing overall satisfaction.

Where the Shapley's Values output can be compared from 2003 to 2004, additional analyses were conducted. In this report, these analyses take the form of comparing the relative importance of each of the factors associated with accessibility or satisfaction between 2004 and 2003 to identify whether the relative importance and ranking of factors have shifted or remained the same.

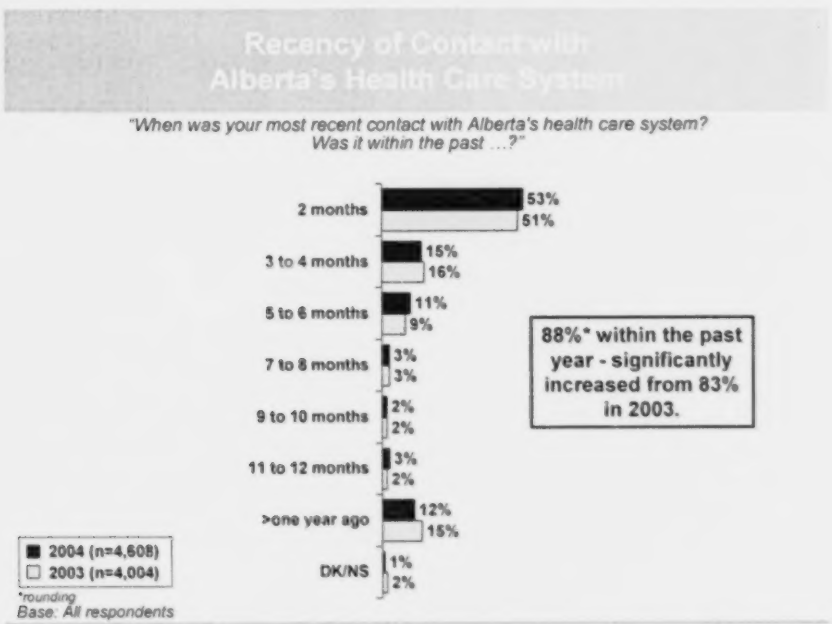
The detailed results of this study follow in this report and the questionnaire and an additional description of Shapley's Values are appended for reference purposes.

INTERACTION WITH HEALTH CARE SERVICES

Recency of Interaction with Health Care Services

The proportion of Albertans interacting with health care services remains high and has increased since one year ago.

Almost nine-in-ten Alberta adults (88%) have interacted with Alberta's health care system within the past year and total interaction has significantly increased from 83% last year. Specifically, 53% of respondents report having interacted with provincial health care services within the past two months, rising to 79% within the six months prior to the administration of this survey. A total of 12% of respondents had not interacted with Alberta health care services this past year and one percent was unsure.



For the purposes of this study, only Albertans who report they have interacted with Alberta's health care system within the past year are included in subsequent assessments about health care services provided.

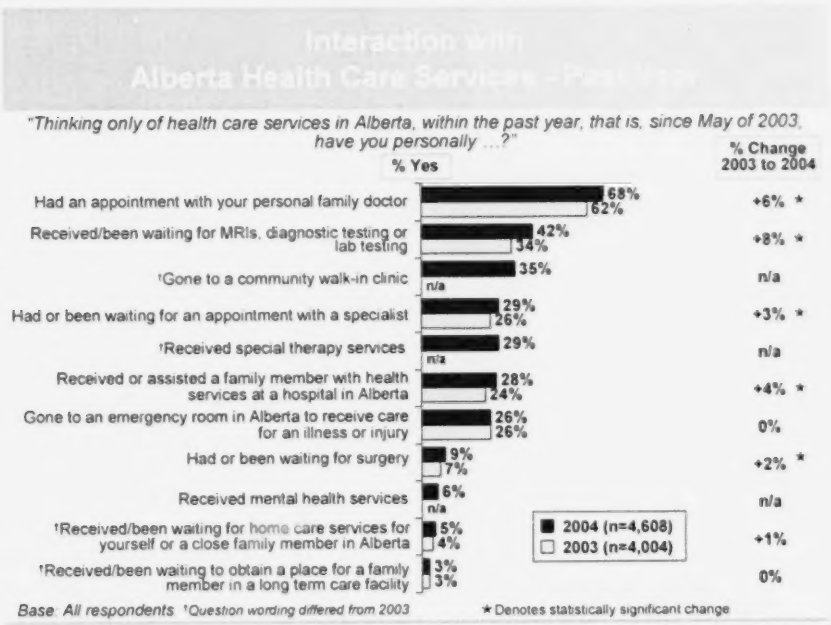
Albertans who are more likely to have *not* interacted with health care services include:

- Males (16% vs. 8% of females);
- Albertans with an annual household income of <$30K (15%); and
- Those without children aged 16 or younger residing in the household (13% vs. 10% among those with kids <16 years of age).

Interaction Levels with Health Care Services Areas

This report will provide a detailed analysis of Albertans' views with respect to primary care service delivery areas provided in this province, as well as other health care service delivery areas where sample sizes permit[1]. Respondents were first asked a general question related to whether they had interacted with a series of health care service delivery areas within the past year. Respondents were then further screened based on their initial responses to additionally verify actual experiences with health care service delivery areas.

The proportion of Albertans interacting with diagnostic testing, family doctors, hospital services, specialists and surgery has significantly increased since 2003.



[1] Quotas were not placed upon responses to each individual health care service delivery area in order to measure interaction with each area. Therefore, the interaction level and related sample sizes will ultimately determine the extent of analysis that can be conducted in each service delivery area (i.e. by health region, socio-demographics, or the ability to conduct multi-variate analyses).

Overall, 86% of Albertans who have interacted with Alberta health care services within the past year report having specifically interacted with at least one of these health care service areas.

Interaction remains strongest with respect to family doctors (68%, increased significantly from 62% in 2003). Interaction has also significantly increased with diagnostic testing (42%, increased from 34% last year). Next, 35% of respondents report having gone to a community walk-in clinic[2] this past year, followed by 29% who interacted with specialists (increased from 26% in 2003).

Slightly less than three-in-ten adult Albertans (29%) have received special therapy services[3], 28% have interacted with hospital services (significantly increased from 24% in 2003), and 26% have interacted with emergency room (ER) services (unchanged from 26% one year ago).

Less than one-in-ten Albertans report having interacted with surgical services (9%, significantly increased from 7% in 2003), mental health services[4] (6%), home care services (5%, similar to 4% last year), or long term care for family members (3% in 2004 and 2003).

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2 The 2004 survey added a dimension to define 'community walk-in clinic' whereas the 2003 did not. Comparisons to 2003 results regarding community walk-in clinics will not be made.

3 The sample base and definition of special therapy services have changed from the 2003 survey and results cannot be compared.

4 'Mental health services' is a new addition to the 2004 survey. Tracking data is not available.

SATISFACTION WITH HEALTH CARE SERVICES

Overall satisfaction with health care services received is a new measure incorporated into the 2004 survey and was only asked among those who had interacted with Alberta care services within the past year.

Overall Satisfaction with Health Care Services Received

As a benchmark, one-half of Albertans receiving health care services is satisfied with the services they received.

Based on all of their personal experiences within the past year with the health care services in Alberta they received, 51% of respondents are satisfied with the services they received versus 15% who indicate being dissatisfied with the health care services they received. An additional 33% are neutral rating their satisfaction as a "3" out of "5" and approximately one percent of respondents are unsure.

Overall satisfaction with health care services is significantly higher among residents of Health Region 2-Palliser (56%) and is significantly lower in Health Region 9-Northern Lights (43%).

Overall Satisfaction with Health Care Services
"Thinking about all of your personal experiences within the past year with the health care services in Alberta that we just reviewed, to what degree are you satisfied or dissatisfied with the services you have received?"
% Dissatisfied (1 and 2, out of 5)
% Satisfied (4 and 5, out of 5)
15% TOTAL ALBERTA 51%
15% 1 - Chinook 52%
14% 2 - Palliser ↑ 56%
18% 3 - Calgary 49%
12% 4 - David Thompson 54%
15% 5 - East Central 53%
14% 6 - Capital 52%
16% 7 - Aspen 50%
15% 8 - Peace Country 48%
20% 9 - Northern Lights ↓ 43%
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
Base: Interacted with Health Care Services within the past year (n=4,039)

Albertans who are significantly more likely to be satisfied with health care services they received in Alberta this past year include those who:

- Are self-reportedly in excellent or very good health (57%) vs. in fair/poor health (36%);
- Have a family doctor (52%) vs. 42% among those who do not;
- Are not concerned about medical mistakes (65%) vs. 37% among those who are concerned;
- Have not had any complaints about health care services received (56%) vs. 26% among those who have had complaints this past year; and
- Feel coordination among health care professionals was excellent, very good or good (89%) vs. fair/poor (21%).

On the other hand, those who are significantly more likely to be dissatisfied with the health services they received this past year tend to be:

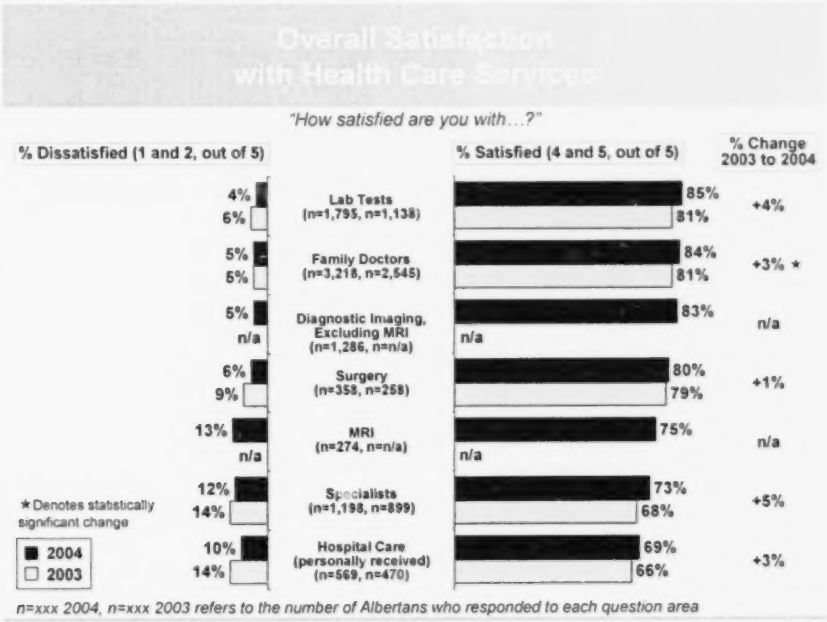
- Aged 35 to 54 (18%); and
- Those who reside 20+ minutes from emergency treatment (18%).

Satisfaction with Health Care Services

Satisfaction levels have not significantly changed since last year except with respect to a higher proportion of Albertans being satisfied with their family doctor in 2004 than in 2003.

As an overview, overall satisfaction with health care service delivery areas ranges from a low of 50% to a high of 85%. Satisfaction with lab tests (85%), family doctors (84%, significantly higher than 81% in 2003), diagnostic imaging other than MRIs (83%), and with surgery (80%) top the list.

Next, 75% express satisfaction with MRIs, 73% with specialists, and 69% with hospital care they personally received.



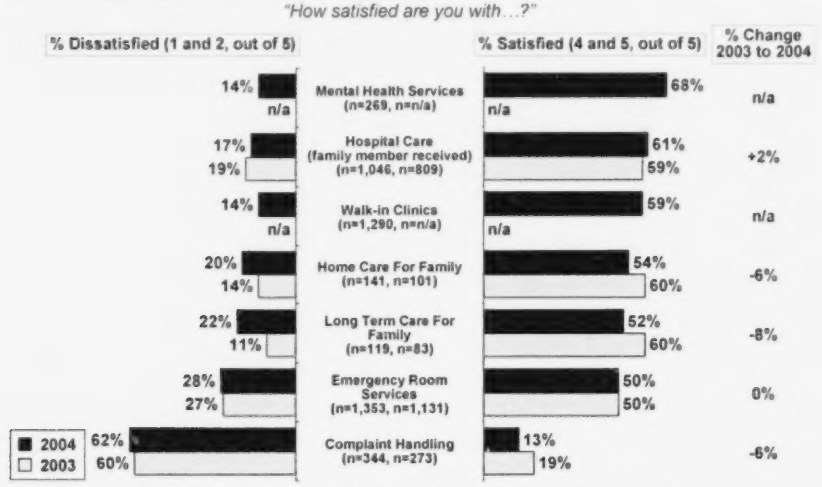
(. . . continued)

Satisfaction with mental health services, asked for the first time in 2004, sits at 68% as a benchmark, and satisfaction with hospital care family members received ranks relatively lower at 61%. Further, slightly less than six-in-ten (59%) respondents are satisfied with community walk-in clinics.

In contrast, lower satisfaction scores are voiced for home care (54%), long term care provided to family members (52%), and emergency room services (50%). In addition to health care service delivery areas, satisfaction with the handling of complaints is also compared and fares the lowest at 13%.

Overall Satisfaction with Health Care Services (cont'd)

"How satisfied are you with…?"



n=xxx 2004, n=xxx 2003 refers to the number of Albertans who responded to each question area

Outcomes . . . Impact on Your Health and Life

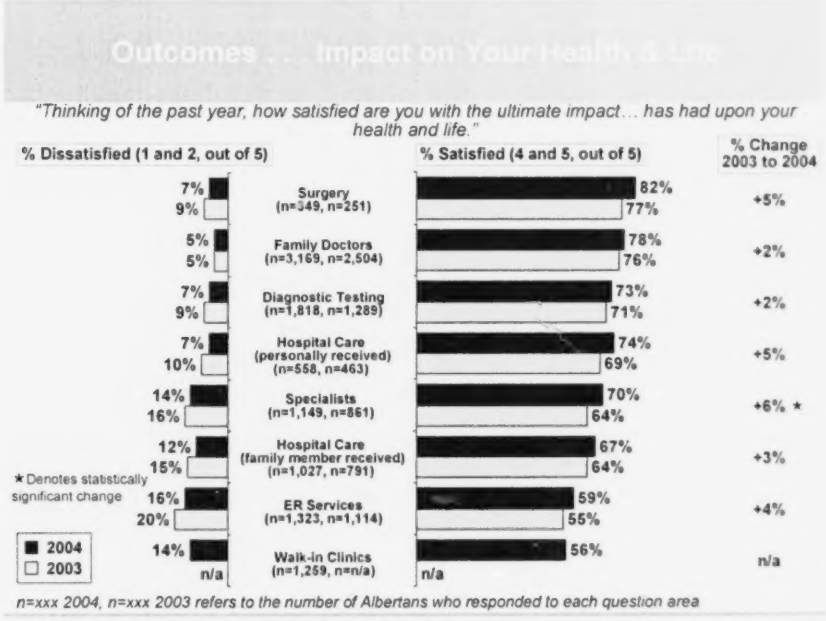
Satisfaction with outcomes has slightly improved in all areas, remains highest for surgery and family doctors, and has significantly improved with respect to specialist services.

Satisfaction with the ultimate impact specific health care services has had upon Albertans' health and lives was measured among those receiving services in eight specific areas. Overall, satisfaction with outcomes ranges from 56% to 82% and has shown signs of improvement in all areas measured.

Satisfaction with outcomes resulting from surgery is highest (82%), followed by outcomes resulting from family doctor care (78%), diagnostic testing[5] (73%), hospital care personally received (74%), specialists (70%), and hospital care provided to family members (67%). Satisfaction with outcomes is relatively lower for emergency room services (59%) and community walk-in clinics (56%).

A significant improvement to satisfaction with outcomes lies with specialist services (6% increase).

Outcomes . . . Impact on Your Health & Life

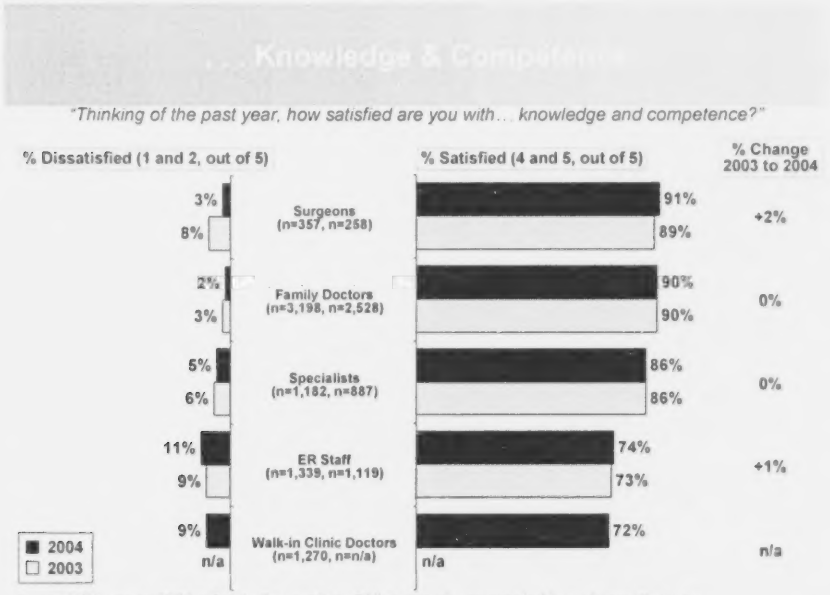


[5] Diagnostic testing refers to the sum of lab tests, MRIs or other diagnostic testing received.

Knowledge and Competence

Satisfaction with the knowledge and competence of surgeons, family doctors and specialists is strong and still outweighs that held for doctors at community walk-in clinics.

Among Albertans who have received specific health care services, satisfaction with the knowledge and competence of surgeons (91%), family doctors (90%), and specialists (86%) is strong. Satisfaction with the knowledge and competence of these three physician types has not changed a great deal since last year. In comparison, satisfaction with doctors at community walk-in clinics (72%) is relatively lower. Also, the knowledge and competence of emergency room staff was rated by those receiving ER services this past year at 74%, similar to 73% in 2003.

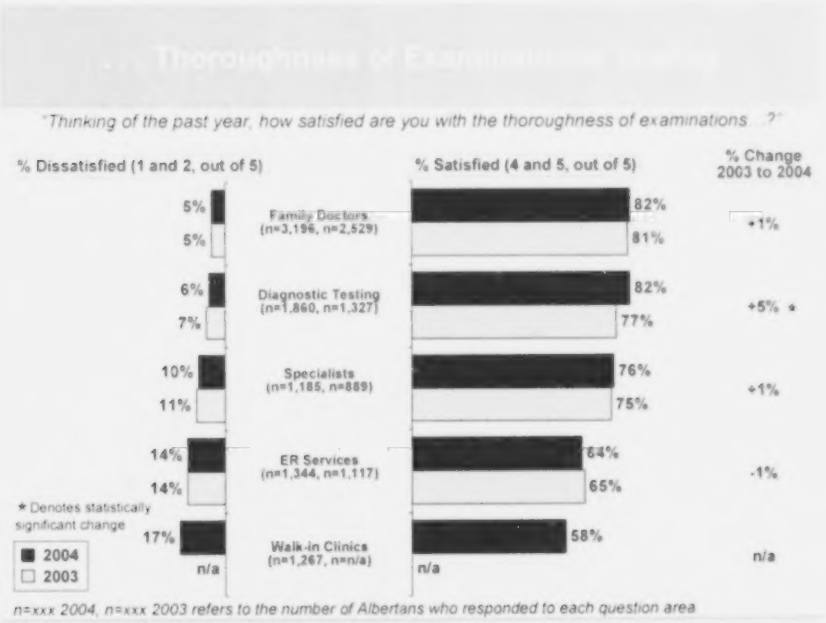


n=xxx 2004, n=xxx 2003 refers to the number of Albertans who responded to each question area

Thoroughness of Examinations/Testing

Satisfaction with the thoroughness of examinations and testing provided by family doctors and diagnostic testing professionals is strongest, and is lowest for community walk-in clinics.

Satisfaction with the thoroughness of examinations and testing received was assessed in five specific health care service delivery areas. Satisfaction with the thoroughness of examinations is highest for family doctors (82%) and with diagnostic testing (82%, significantly improved from 77% since last year). Satisfaction with the thoroughness of examinations is also solid with respect to specialists (76%). Satisfaction with this service attribute is relatively lower for emergency room services (64%) and with community walk-in clinics (58%).



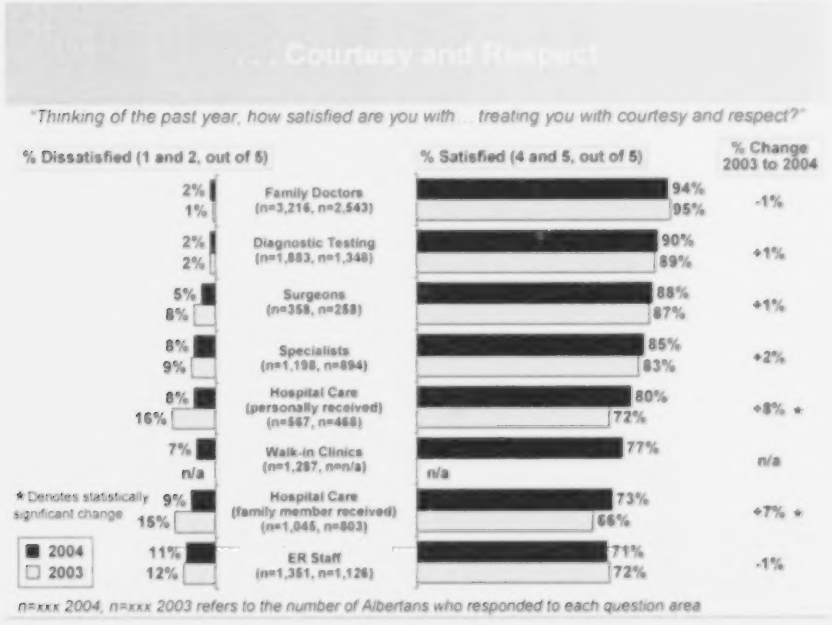
n=xxx 2004, n=xxx 2003 refers to the number of Albertans who responded to each question area

Being Treated with Courtesy and Respect

Satisfaction with being treated with courtesy and respect is abundant across all health care service delivery areas and has significantly improved in hospitals.

Satisfaction with being treated with courtesy and respect is prevalent among the majority of respondents, ranging from a low of 71% to a high of 94%. Topping this list, satisfaction with courtesy and respect shown by family doctors is highest (94%, similar to 95% in 2003). This is followed by the areas of diagnostic testing (90%), surgeons (88%), specialists (85%), and hospital care personally received (80%, significantly improved from 72% in 2003).

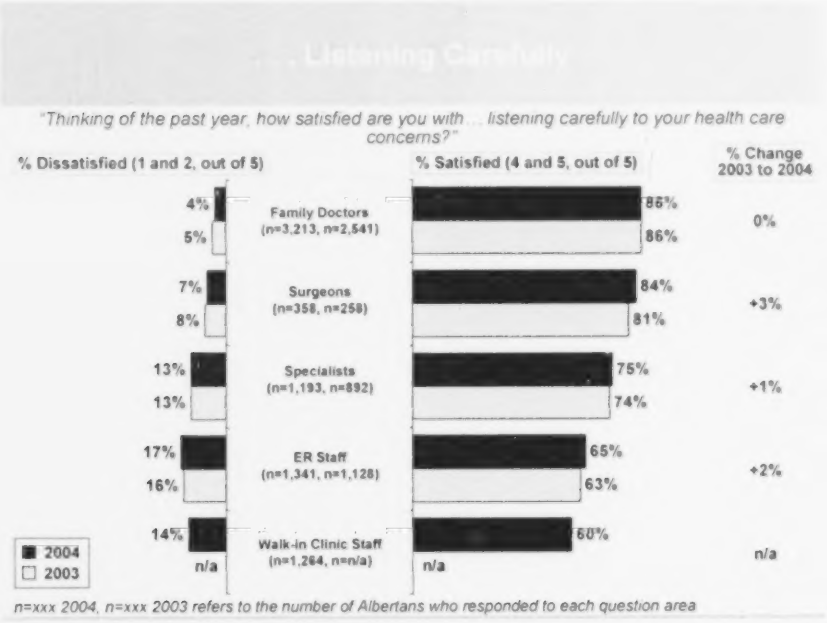
Satisfaction is still strong, yet relatively lower, for being treated with courtesy and respect in community walk-in clinics (77%), hospital care provided to family members (73%, significantly improved from 66% last year), and emergency room staff (71%, similar to 72% in 2003).


... Courtesy and Respect
"Thinking of the past year, how satisfied are you with ... treating you with courtesy and respect?"
% Dissatisfied (1 and 2, out of 5)
% Satisfied (4 and 5, out of 5)
% Change 2003 to 2004
Family Doctors (n=3,216, n=2,543)
2% 1% 94% 95% -1%
Diagnostic Testing (n=1,883, n=1,348)
2% 2% 90% 89% +1%
Surgeons (n=358, n=258)
5% 8% 88% 87% +1%
Specialists (n=1,198, n=894)
8% 9% 85% 83% +2%
Hospital Care (personally received) (n=567, n=468)
8% 16% 80% 72% +8% *
Walk-in Clinics (n=1,287, n=n/a)
7% n/a 77% n/a n/a
Hospital Care (family member received) (n=1,045, n=803)
9% 15% 73% 66% +7% *
ER Staff (n=1,351, n=1,126)
11% 12% 71% 72% -1%
* Denotes statistically significant change
2004
2003
n=xxx 2004, n=xxx 2003 refers to the number of Albertans who responded to each question area

Listening Carefully

Albertans continue to be more satisfied with how family doctors and surgeons listen to their health care concerns than how emergency room or community walk-in clinic staff listens to such worries.

Satisfaction with how various health care providers listen to patients' health care concerns has not significantly changed over the past year and ranges from 60% to 86%. Satisfaction in this area is highest for family doctors (86%), surgeons (84%), and specialists (75%). Satisfaction with how health care providers listen to concerns continues to be relatively lower for emergency room staff (65%) and community walk-in clinic staff (60%).

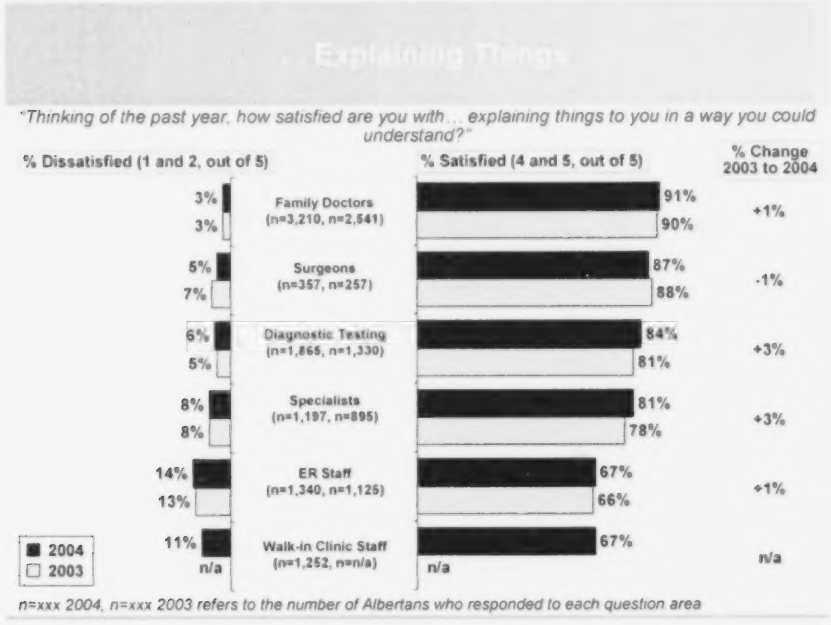


n=xxx 2004, n=xxx 2003 refers to the number of Albertans who responded to each question area

Explaining Things in a Way Patients Can Understand

Albertans remain quite satisfied with the clarity of explanations they receive, but leave room for improvement in ER and community walk-in clinic environments.

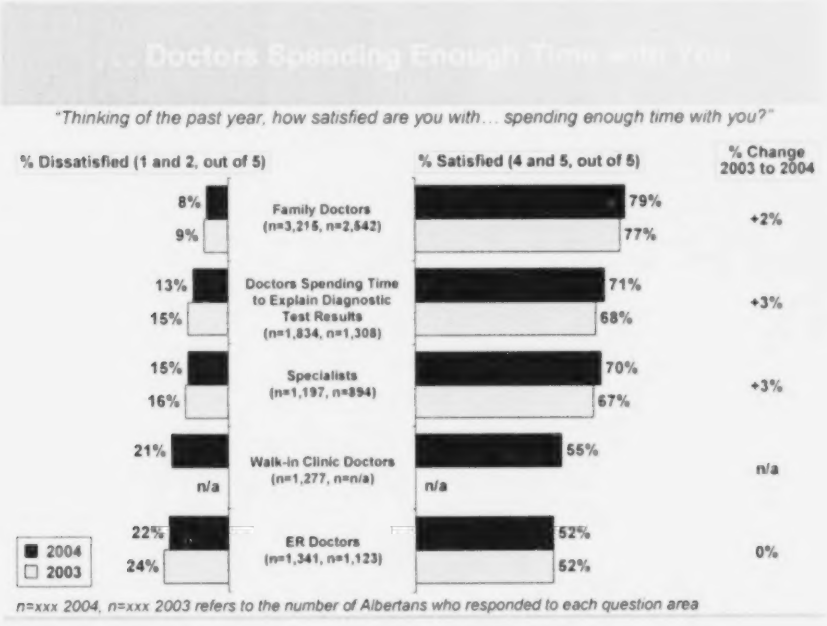
Satisfaction with explaining things in a way a patient can understand ranges from 67% to 91% across the health care service delivery areas evaluated. Approximately nine-in-ten respondents are satisfied with the explanations provided by family doctors (91%) and surgeons (87%). Further, more than eight-in-ten respondents express satisfaction with the explanations they receive from diagnostic testing professionals (84%) and specialists (81%). Satisfaction in this area remains relatively lower for explanations provided by emergency room staff (67%) and community walk-in clinic staff (67%).



Doctors Spending Enough Time with You

Satisfaction with the amount of time spent by community walk-in clinic doctors and ER doctors remains lower in comparison to the amount of time family doctors spend with patients.

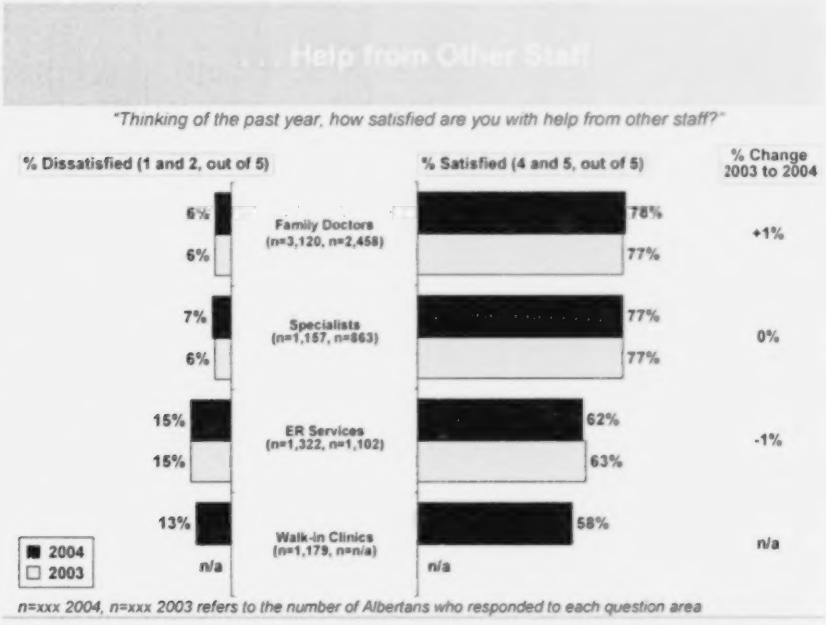
Satisfaction with the amount of time various physicians spend with patients ranges from 52% to 79%. At the high end of the ranking, satisfaction with the amount of time family doctors (79%) spend with patients is highest, followed by doctors explaining diagnostic testing results (71%) and specialists (70%). Satisfaction with the amount of time community walk-in clinic doctors (55%) and emergency room doctors (52%, unchanged from 52% in 2003) spend with patients is relatively lower.



Help From Other Staff

Satisfaction with the help received from other staff at family doctor and specialist offices exceeds that received from staff at emergency rooms or community walk-in clinics.

More than three-quarters of respondents continue to be satisfied with the help they received from other staff at their family doctors' offices (78%) and specialists' offices (77%). Relatively lower satisfaction scores are expressed for the help received from emergency room staff (62%, similar to 63% in 2003) and community walk-in clinic staff (58%).

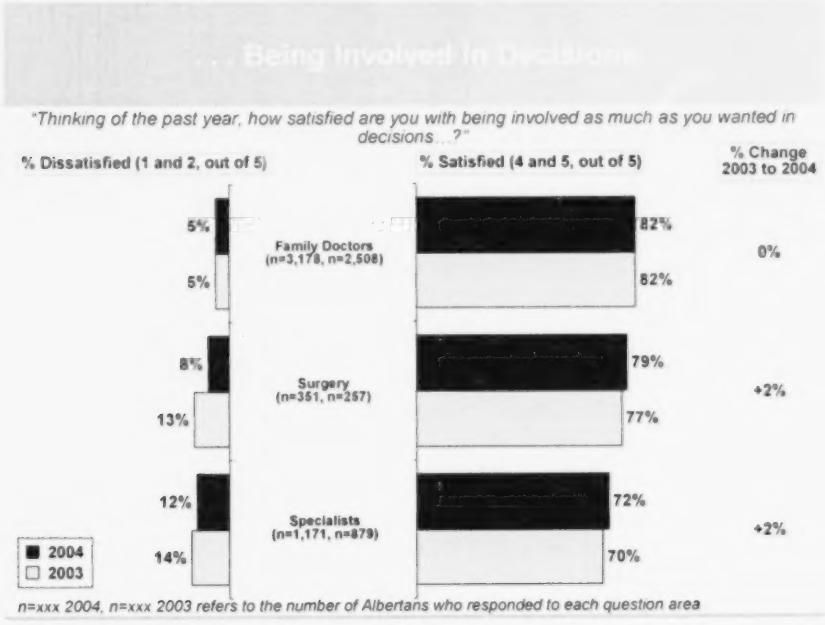


n=xxx 2004, n=xxx 2003 refers to the number of Albertans who responded to each question area

Being Involved in Decisions

Satisfaction has remained stable with respect to Albertans feeling they were involved as much as they wanted in decisions about their health care – to a somewhat higher degree with family doctors and surgeons than with specialists.

More than eight-in-ten (82%) Albertans with a family doctor express satisfaction with being involved as much as they wanted in decisions involving their care. Next, almost eight-in-ten (79%) respondents who have received surgery this past year are satisfied with their level of involvement in decisions about their surgery. Satisfaction is found among more than seven-in-ten respondents, albeit is slightly less likely to occur, with respect to being involved with decisions regarding their care and treatment by specialists (72%, similar to 70% in 2003).



n=xxx 2004, n=xxx 2003 refers to the number of Albertans who responded to each question area

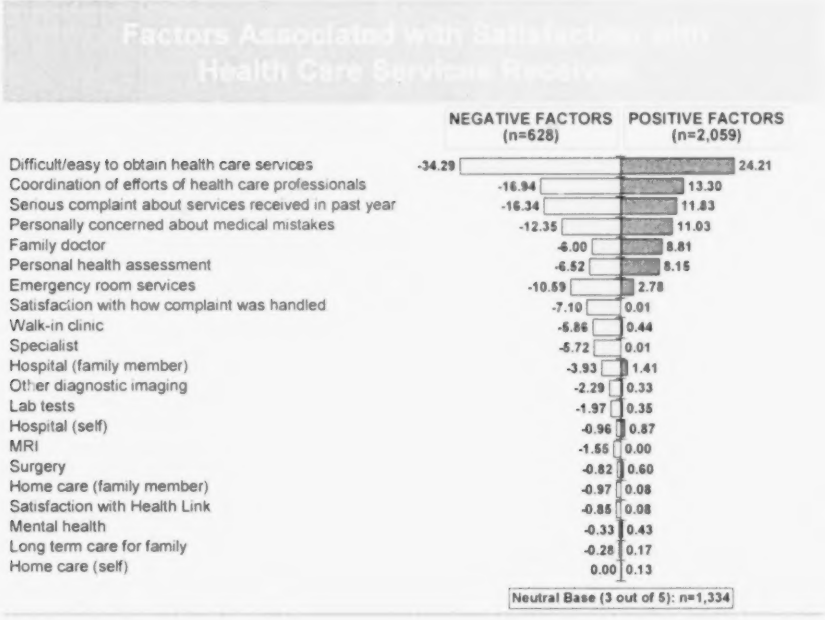
Factors Associated with Satisfaction with Health Care Services

A penalty-reward analysis was conducted to identify the factors associated with satisfaction and dissatisfaction with Alberta's health care services.

From the public's perspective, the key factor associated with satisfaction with health care services received is accessibility. Other significant factors associated with satisfaction with health care services are the coordination of health care professionals, having serious complaints, and concerns about medical mistakes.

Many factors are associated with Albertans' overall satisfaction with the health care services they have received. In prioritizing efforts to improve patient satisfaction in the province, four specific themes emerge:

1. Improve access to health care services;
2. Ensure health care professionals continue to coordinate their efforts to meet patient needs;
3. Improve the system to reduce the occurrence of serious complaints; and
4. Alleviate concerns about medical mistakes.


NEGATIVE FACTORS (n=628)
POSITIVE FACTORS (n=2,059)
Difficult/easy to obtain health care services -34.29 24.21
Coordination of efforts of health care professionals -16.94 13.30
Serious complaint about services received in past year -16.34 11.83
Personally concerned about medical mistakes -12.35 11.03
Family doctor -6.00 8.81
Personal health assessment -6.52 8.15
Emergency room services -10.59 2.78
Satisfaction with how complaint was handled -7.10 0.01
Walk-in clinic -5.86 0.44
Specialist -5.72 0.01
Hospital (family member) -3.93 1.41
Other diagnostic imaging -2.29 0.33
Lab tests -1.97 0.35
Hospital (self) -0.96 0.87
MRI -1.55 0.00
Surgery -0.82 0.60
Home care (family member) -0.97 0.08
Satisfaction with Health Link -0.85 0.08
Mental health -0.33 0.43
Long term care for family -0.28 0.17
Home care (self) 0.00 0.13
Neutral Base (3 out of 5): n=1,334

Satisfaction with personal family doctors and being in good health are also factors associated with overall satisfaction with health care services, but to a relatively lesser extent. Here, the more satisfied Albertans are with their family doctors and the more healthy they feel they are, the more satisfied they will become with the health care services they receive.

Also, reducing dissatisfaction with ER services may work to decrease overall *dissatisfaction* with health care services; yet increasing satisfaction with ER services will not likely drastically improve overall *satisfaction* with health care services. In other words, Albertans expect to have access to quality ER services and exceeding their expectations will not garner major increases in overall satisfaction ratings for health care services in the province. This is also the case for satisfaction with handling complaints, and with satisfaction with community walk-in clinics and specialists.

All other factors tested in this analysis are relatively much weaker with respect to the impact they have on overall satisfaction with health care services received.

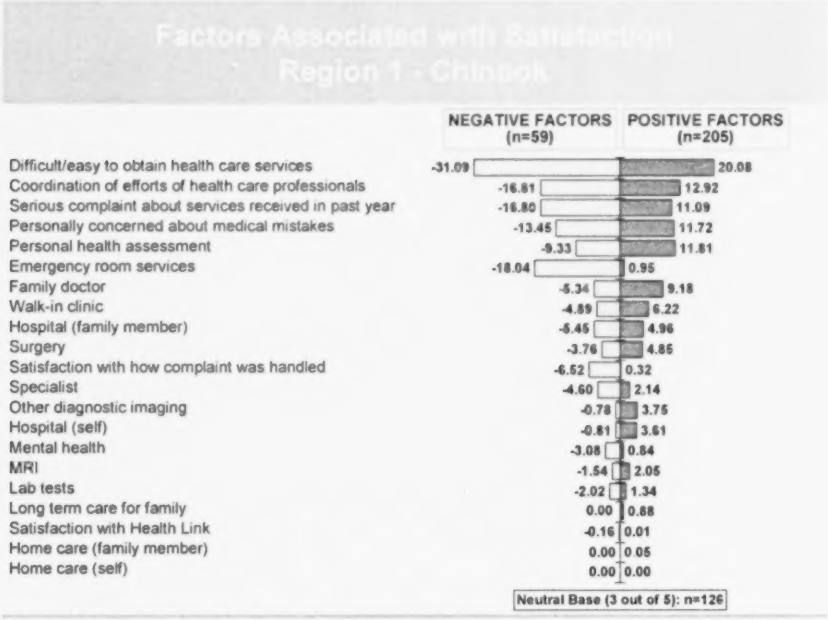
Across health regions, accessibility is consistently the factor most associated with satisfaction with health care services. Further, factors such as the coordination of efforts of health care professionals, having serious complaints, and concerns about medical mistakes often rank among the key factors associated with overall satisfaction with health care services in each region. Slight variation among the key factors emerges with respect to emergency room services, personal health assessments and satisfaction with family doctors.

The penalty-reward analysis of factors associated with satisfaction with health care services received was conducted for each health region. These analyses follow on the subsequent pages of this report.

Health Region 1-Chinook: Factors Associated with Overall Satisfaction

Among residents of Health Region 1-Chinook, the key factors associated with satisfaction and dissatisfaction with health care services are as follows:

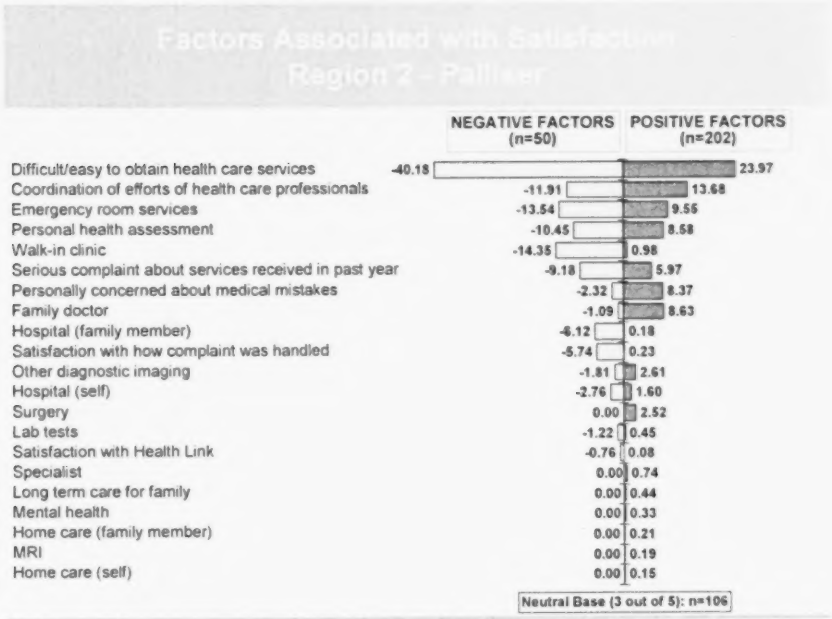
- **Key factor**: Accessibility.
- **Secondary factors**: Coordination of efforts of health care professionals; having serious complaints; concerns about medical mistakes; residents' personal health assessment; and ER services.


Factors Associated with Satisfaction
Region 1 - Chinook
NEGATIVE FACTORS (n=59)
POSITIVE FACTORS (n=205)
Difficult/easy to obtain health care services -31.09 20.08
Coordination of efforts of health care professionals -16.81 12.92
Serious complaint about services received in past year -16.80 11.09
Personally concerned about medical mistakes -13.45 11.72
Personal health assessment -9.33 11.81
Emergency room services -18.04 0.95
Family doctor -5.34 9.18
Walk-in clinic -4.89 6.22
Hospital (family member) -5.45 4.96
Surgery -3.76 4.85
Satisfaction with how complaint was handled -6.52 0.32
Specialist -4.60 2.14
Other diagnostic imaging -0.78 3.75
Hospital (self) -0.81 3.61
Mental health -3.08 0.84
MRI -1.54 2.05
Lab tests -2.02 1.34
Long term care for family 0.00 0.88
Satisfaction with Health Link -0.16 0.01
Home care (family member) 0.00 0.05
Home care (self) 0.00 0.00
Neutral Base (3 out of 5): n=126

Health Region 2-Palliser: Factors Associated with Overall Satisfaction

Among residents of Health Region 2-Palliser, the key factors associated with satisfaction and dissatisfaction with health care services are as follows:

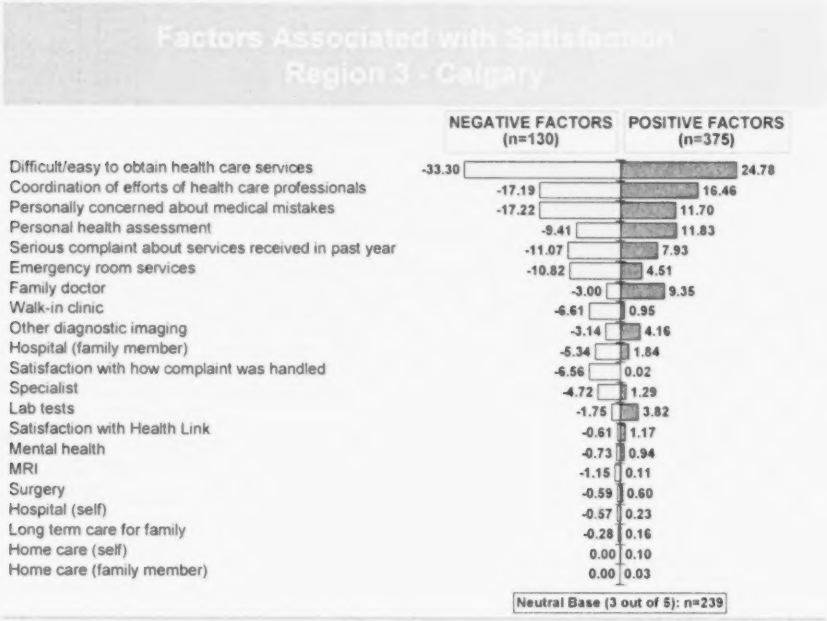
- **Key factor**: Accessibility.
- **Secondary factors**: Coordination of efforts of health care professionals; satisfaction with ER services; and residents' personal health assessment.


Factors Associated with Satisfaction
Region 2 - Palliser
NEGATIVE FACTORS (n=50)
POSITIVE FACTORS (n=202)
Difficult/easy to obtain health care services -40.18 23.97
Coordination of efforts of health care professionals -11.91 13.68
Emergency room services -13.54 9.55
Personal health assessment -10.45 8.58
Walk-in clinic -14.35 0.98
Serious complaint about services received in past year -9.18 5.97
Personally concerned about medical mistakes -2.32 8.37
Family doctor -1.09 8.63
Hospital (family member) -6.12 0.18
Satisfaction with how complaint was handled -5.74 0.23
Other diagnostic imaging -1.81 2.61
Hospital (self) -2.76 1.60
Surgery 0.00 2.52
Lab tests -1.22 0.45
Satisfaction with Health Link -0.76 0.08
Specialist 0.00 0.74
Long term care for family 0.00 0.44
Mental health 0.00 0.33
Home care (family member) 0.00 0.21
MRI 0.00 0.19
Home care (self) 0.00 0.15
Neutral Base (3 out of 5): n=106

Health Region 3-Calgary: Factors Associated with Overall Satisfaction

Among residents of Health Region 3-Calgary, the key factors associated with satisfaction and dissatisfaction with health care services are as follows:

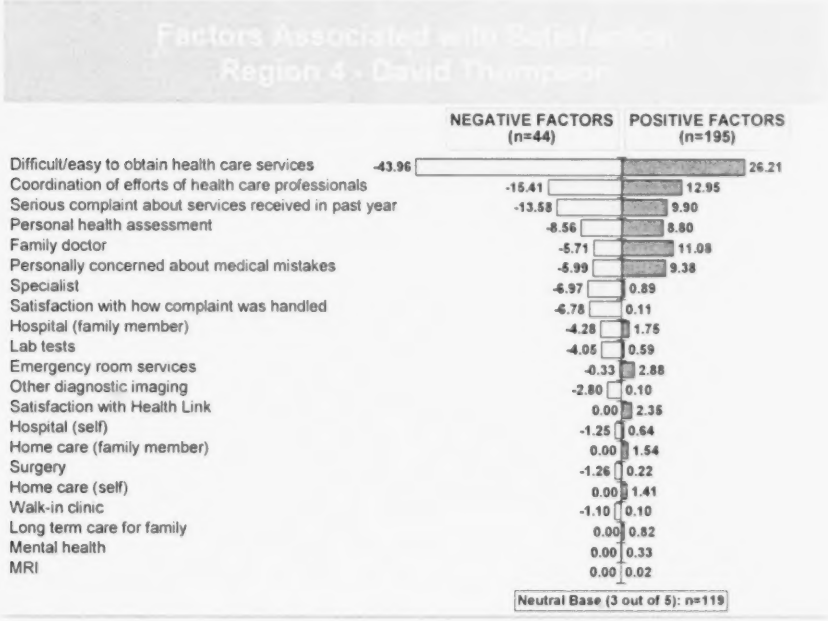
- **Key factor**: Accessibility.
- **Secondary factors**: Coordination of efforts of health care professionals; concerns about medical mistakes; residents' personal health assessment; and having serious complaints.


Factors Associated with Satisfaction
Region 3 - Calgary
NEGATIVE FACTORS (n=130)
POSITIVE FACTORS (n=375)
Difficult/easy to obtain health care services -33.30 24.78
Coordination of efforts of health care professionals -17.19 16.46
Personally concerned about medical mistakes -17.22 11.70
Personal health assessment -9.41 11.83
Serious complaint about services received in past year -11.07 7.93
Emergency room services -10.82 4.51
Family doctor -3.00 9.35
Walk-in clinic -6.61 0.95
Other diagnostic imaging -3.14 4.16
Hospital (family member) -5.34 1.84
Satisfaction with how complaint was handled -6.56 0.02
Specialist -4.72 1.29
Lab tests -1.75 3.82
Satisfaction with Health Link -0.61 1.17
Mental health -0.73 0.94
MRI -1.15 0.11
Surgery -0.59 0.60
Hospital (self) -0.57 0.23
Long term care for family -0.28 0.16
Home care (self) 0.00 0.10
Home care (family member) 0.00 0.03
Neutral Base (3 out of 5): n=239

Health Region 4-David Thompson: Factors Associated with Overall Satisfaction

Among residents of Health Region 4-David Thompson, the key factors associated with satisfaction and dissatisfaction with health care services are as follows:

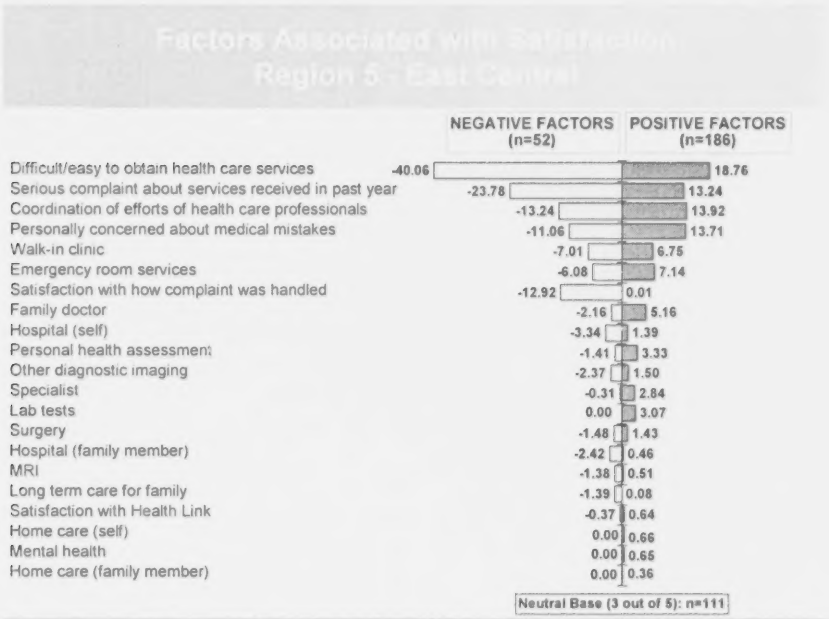
- **Key factor**: Accessibility.
- **Secondary factors**: Coordination of efforts of health care professionals; having serious complaints; residents' personal health assessment; satisfaction with family doctors; and concerns about medical mistakes.


NEGATIVE FACTORS (n=44)
POSITIVE FACTORS (n=195)
Difficult/easy to obtain health care services -43.96 26.21
Coordination of efforts of health care professionals -15.41 12.95
Serious complaint about services received in past year -13.58 9.90
Personal health assessment -8.56 8.80
Family doctor -5.71 11.08
Personally concerned about medical mistakes -5.99 9.38
Specialist -6.97 0.89
Satisfaction with how complaint was handled -6.78 0.11
Hospital (family member) -4.28 1.75
Lab tests -4.05 0.59
Emergency room services -0.33 2.88
Other diagnostic imaging -2.80 0.10
Satisfaction with Health Link 0.00 2.35
Hospital (self) -1.25 0.64
Home care (family member) 0.00 1.54
Surgery -1.26 0.22
Home care (self) 0.00 1.41
Walk-in clinic -1.10 0.10
Long term care for family 0.00 0.82
Mental health 0.00 0.33
MRI 0.00 0.02
Neutral Base (3 out of 5): n=119

Health Region 5-East Central: Factors Associated with Overall Satisfaction

Among residents of Health Region 5-East Central, the key factors associated with satisfaction and dissatisfaction with health care services are as follows:

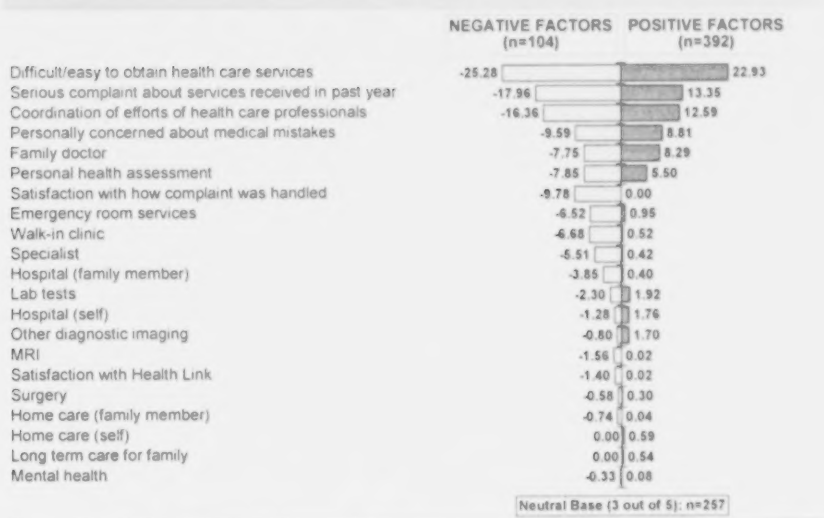
- **Key factor**: Accessibility.
- **Secondary factors**: Having serious complaints; the coordination of efforts of health care professionals; and concerns about medical mistakes.


Factors Associated with Satisfaction
Region 5 - East Central
NEGATIVE FACTORS (n=52)
POSITIVE FACTORS (n=186)
Difficult/easy to obtain health care services -40.06 18.76
Serious complaint about services received in past year -23.78 13.24
Coordination of efforts of health care professionals -13.24 13.92
Personally concerned about medical mistakes -11.06 13.71
Walk-in clinic -7.01 6.75
Emergency room services -6.08 7.14
Satisfaction with how complaint was handled -12.92 0.01
Family doctor -2.16 5.16
Hospital (self) -3.34 1.39
Personal health assessment -1.41 3.33
Other diagnostic imaging -2.37 1.50
Specialist -0.31 2.84
Lab tests 0.00 3.07
Surgery -1.48 1.43
Hospital (family member) -2.42 0.46
MRI -1.38 0.51
Long term care for family -1.39 0.08
Satisfaction with Health Link -0.37 0.64
Home care (self) 0.00 0.66
Mental health 0.00 0.65
Home care (family member) 0.00 0.36
Neutral Base (3 out of 5): n=111

Health Region 6-Capital: Factors Associated with Overall Satisfaction

Among residents of Health Region 6-Capital, the key factors associated with satisfaction and dissatisfaction with health care services are as follows:

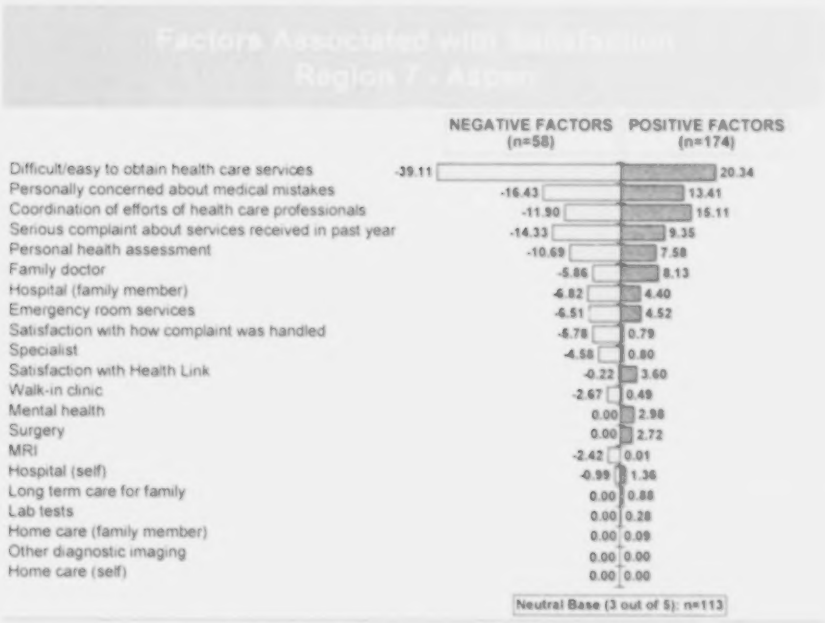
- **Key factor**: Accessibility.
- **Secondary factors**: Having serious complaints; the coordination of efforts of health care professionals; concerns about medical mistakes; satisfaction with family doctors; and residents' personal health assessment.


NEGATIVE FACTORS (n=104)
POSITIVE FACTORS (n=392)
Difficult/easy to obtain health care services -25.28 22.93
Serious complaint about services received in past year -17.96 13.35
Coordination of efforts of health care professionals -16.36 12.59
Personally concerned about medical mistakes -9.59 8.81
Family doctor -7.75 8.29
Personal health assessment -7.85 5.50
Satisfaction with how complaint was handled -9.78 0.00
Emergency room services -6.52 0.95
Walk-in clinic -6.68 0.52
Specialist -5.51 0.42
Hospital (family member) -3.85 0.40
Lab tests -2.30 1.92
Hospital (self) -1.28 1.76
Other diagnostic imaging -0.80 1.70
MRI -1.56 0.02
Satisfaction with Health Link -1.40 0.02
Surgery -0.58 0.30
Home care (family member) -0.74 0.04
Home care (self) 0.00 0.59
Long term care for family 0.00 0.54
Mental health -0.33 0.08
Neutral Base (3 out of 5): n=257

Health Region 7-Aspen: Factors Associated with Overall Satisfaction

Among residents of Health Region 7-Aspen, the key factors associated with satisfaction and dissatisfaction with health care services are as follows:

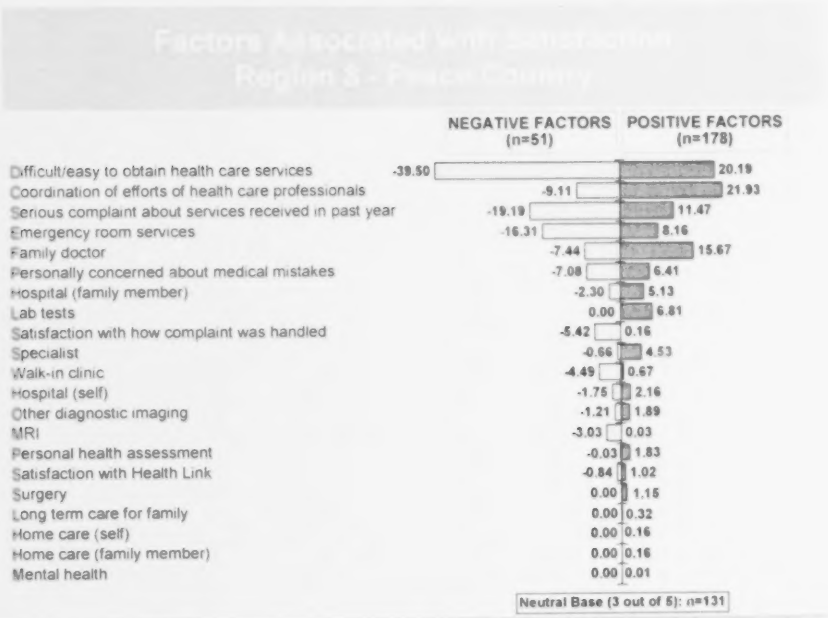
- **Key factor**: Accessibility.
- **Secondary factors**: Concerns about medical mistakes; the coordination of efforts of health care professionals; having serious complaints; and residents' personal health assessment.


NEGATIVE FACTORS (n=58)
POSITIVE FACTORS (n=174)
Difficult/easy to obtain health care services -39.11 20.34
Personally concerned about medical mistakes -16.43 13.41
Coordination of efforts of health care professionals -11.90 15.11
Serious complaint about services received in past year -14.33 9.35
Personal health assessment -10.69 7.58
Family doctor -5.86 8.13
Hospital (family member) -6.82 4.40
Emergency room services -6.51 4.52
Satisfaction with how complaint was handled -5.78 0.79
Specialist -4.58 0.80
Satisfaction with Health Link -0.22 3.60
Walk-in clinic -2.67 0.49
Mental health 0.00 2.98
Surgery 0.00 2.72
MRI -2.42 0.01
Hospital (self) -0.99 1.36
Long term care for family 0.00 0.88
Lab tests 0.00 0.28
Home care (family member) 0.00 0.09
Other diagnostic imaging 0.00 0.00
Home care (self) 0.00 0.00
Neutral Base (3 out of 5): n=113

Health Region 8-Peace Country: Factors Associated with Overall Satisfaction

Among residents of Health Region 8-Peace Country, the key factors associated with satisfaction and dissatisfaction with health care services are as follows:

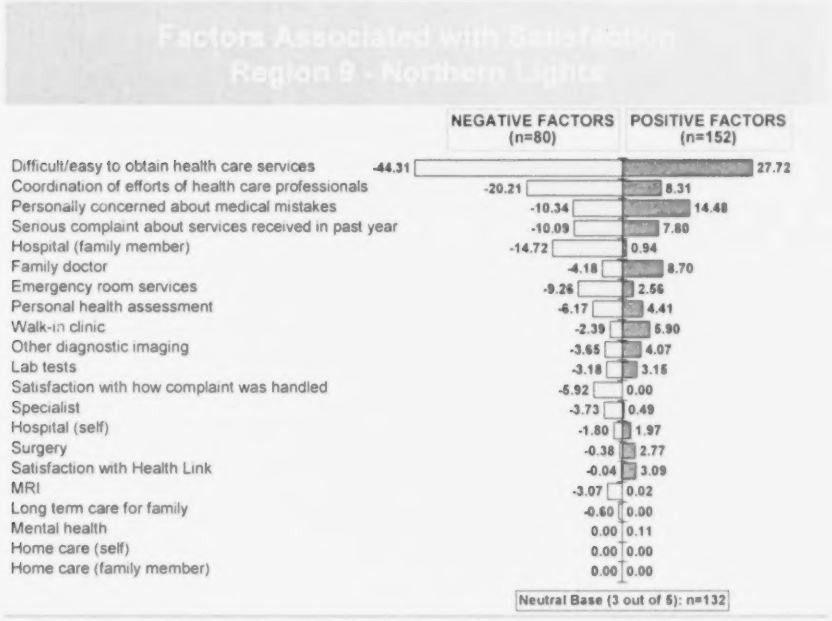
- **Key factor**: Accessibility.
- **Secondary factors**: Coordination of efforts of health care professionals; having serious complaints; satisfaction with ER services; and satisfaction with family doctors.


NEGATIVE FACTORS (n=51)
POSITIVE FACTORS (n=178)
Difficult/easy to obtain health care services -39.50 20.19
Coordination of efforts of health care professionals -9.11 21.93
Serious complaint about services received in past year -19.19 11.47
Emergency room services -16.31 8.16
Family doctor -7.44 15.67
Personally concerned about medical mistakes -7.08 6.41
Hospital (family member) -2.30 5.13
Lab tests 0.00 6.81
Satisfaction with how complaint was handled -5.42 0.16
Specialist -0.66 4.53
Walk-in clinic -4.49 0.67
Hospital (self) -1.75 2.16
Other diagnostic imaging -1.21 1.89
MRI -3.03 0.03
Personal health assessment -0.03 1.83
Satisfaction with Health Link -0.84 1.02
Surgery 0.00 1.15
Long term care for family 0.00 0.32
Home care (self) 0.00 0.16
Home care (family member) 0.00 0.16
Mental health 0.00 0.01
Neutral Base (3 out of 5): n=131

Health Region 9-Northern Lights: Factors Associated with Overall Satisfaction

Among residents of Health Region 9-Northern Lights, the key factors associated with satisfaction and dissatisfaction with health care services are as follows:

- **Key factor**: Accessibility.
- **Secondary factors**: Coordination of efforts of health care professionals; concerns about medical mistakes; and having serious complaints.


Factors Associated with Satisfaction
Region 9 - Northern Lights
NEGATIVE FACTORS (n=80)
POSITIVE FACTORS (n=152)
Difficult/easy to obtain health care services -44.31 27.72
Coordination of efforts of health care professionals -20.21 8.31
Personally concerned about medical mistakes -10.34 14.48
Serious complaint about services received in past year -10.09 7.80
Hospital (family member) -14.72 0.94
Family doctor -4.18 8.70
Emergency room services -9.26 2.56
Personal health assessment -6.17 4.41
Walk-in clinic -2.39 5.90
Other diagnostic imaging -3.65 4.07
Lab tests -3.18 3.15
Satisfaction with how complaint was handled -5.92 0.00
Specialist -3.73 0.49
Hospital (self) -1.80 1.97
Surgery -0.38 2.77
Satisfaction with Health Link -0.04 3.09
MRI -3.07 0.02
Long term care for family -0.60 0.00
Mental health 0.00 0.11
Home care (self) 0.00 0.00
Home care (family member) 0.00 0.00
Neutral Base (3 out of 5): n=132

QUALITY OF HEALTH CARE SERVICES

General Perceptions of the Quality of the Health Care System

General perceptions of the overall quality of Alberta's health care system have significantly improved since last year.

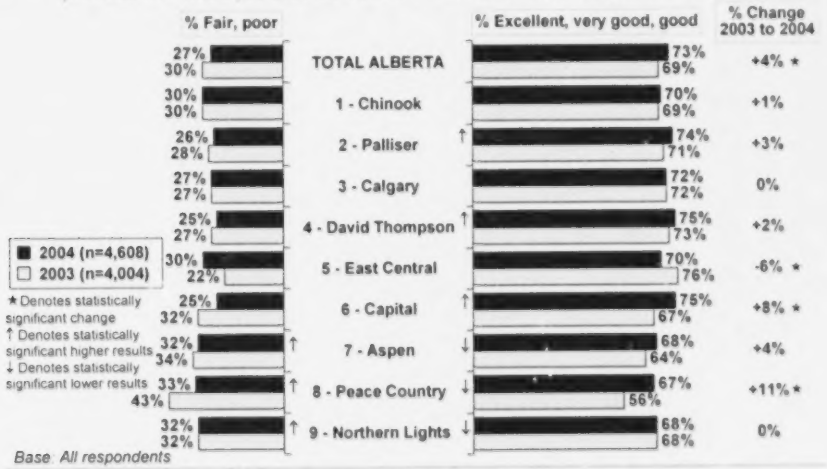
Almost three-quarters (73%) of Albertans describe the quality of medical services that Alberta's health care system provides in a positive manner. Specifically, 6% feel the quality of medical services in the province is excellent, 25% say it is very good, and 42% rate it as being good. In comparison to last year, perceptions of the overall quality of Alberta's medical system have increased significantly from 69% to 73%. Perceptions have significantly increased in Health Regions 8-Peace Country (11% increase) and 6-Capital (8% increase), but have significantly declined in Health Region 5-East Central (6% decrease).

Across health regions, Albertans residing in 2-Palliser (74%), 4-David Thompson (75%) and 6-Capital (75%) are significantly more likely to hold positive perceptions of the quality of health care services in the province. Conversely, residents of health regions 7-Aspen (68%), 8-Peace Country (67%) and 9-Northern Lights (68%) are significantly less likely to feel that the quality of health care services in Alberta is excellent, very good or good.

Neutral to negative perceptions of Alberta's medical services are held by 27% of Albertans, including 6% saying it is poor and 21% rating it as fair.

General Perceptions of the Quality of the Health Care System

"To begin, thinking broadly about Alberta's health care system and the quality of medical services it provides, how would you describe it overall? Excellent, very good, good, fair or poor?"


% Fair, poor
% Excellent, very good, good
% Change 2003 to 2004
TOTAL ALBERTA 27% 30% 73% 69% +4% ★
1 - Chinook 30% 30% 70% 69% +1%
2 - Palliser 26% 28% ↑ 74% 71% +3%
3 - Calgary 27% 27% 72% 72% 0%
4 - David Thompson 25% 27% ↑ 75% 73% +2%
5 - East Central 30% 22% 70% 76% -6% ★
6 - Capital 25% 32% ↑ 75% 67% +8% ★
7 - Aspen 32% 34% ↑ 68% 64% +4%
8 - Peace Country 33% 43% ↑ 67% 56% +11% ★
9 - Northern Lights 32% 32% ↑ 68% 68% 0%
2004 (n=4,608)
2003 (n=4,004)
★ Denotes statistically significant change
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
Base: All respondents

Quality Ratings Based on Actual Experiences

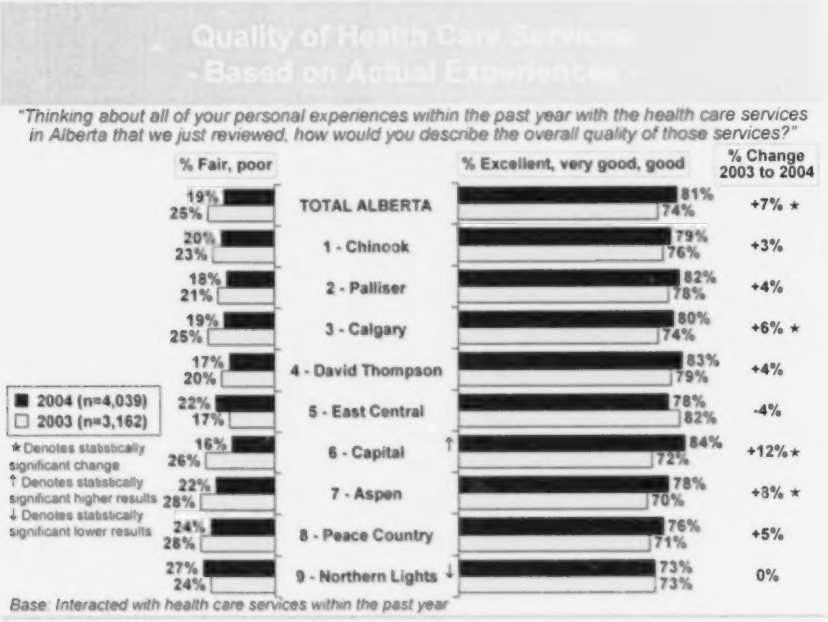
Albertans who have had personal experiences with health care services in Alberta this past year were specifically asked to rate the quality of health care services they received based on their actual experiences.

The quality of health care services received is rated higher in 2004 than in 2003.

Slightly more than eight-in-ten (81%) Albertans who have received health care services this past year rate the quality of services they received as excellent (13%), very good (32%) or good (35%). Overall, ratings of the quality of services received have significantly improved 7% over last year's measurement (74%). Improvements are also significant in Health Regions 6-Capital (12% increase), 7-Aspen (8% increase) and 3-Calgary (6% increase).

In 2004, residents of Health Region 6-Capital (84%) are significantly more likely to rate the quality of health care services in a positive manner, and residents of Health Region 9-Northern Lights (73%) are significantly less likely to rate the quality of health care services as excellent, very good or good.

Approximately two-in-ten (19%) respondents who have received health care services this past year rate the quality of services they received as either fair (14%) or poor (4%).


Quality of Health Care Services
- Based on Actual Experiences -
"Thinking about all of your personal experiences within the past year with the health care services in Alberta that we just reviewed, how would you describe the overall quality of those services?"
% Fair, poor
% Excellent, very good, good
% Change 2003 to 2004
TOTAL ALBERTA 19% 25% 81% 74% +7% ★
1 - Chinook 20% 23% 79% 76% +3%
2 - Palliser 18% 21% 82% 78% +4%
3 - Calgary 19% 25% 80% 74% +6% ★
4 - David Thompson 17% 20% 83% 79% +4%
5 - East Central 22% 17% 78% 82% -4%
6 - Capital 16% 26% 84% 72% +12% ★ ↑
7 - Aspen 22% 28% 78% 70% +8% ★
8 - Peace Country 24% 28% 76% 71% +5%
9 - Northern Lights 27% 24% 73% 73% 0% ↓
2004 (n=4,039)
2003 (n=3,162)
★ Denotes statistically significant change
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
Base: Interacted with health care services within the past year

The Gap Between Perceptions and Actual Experiences

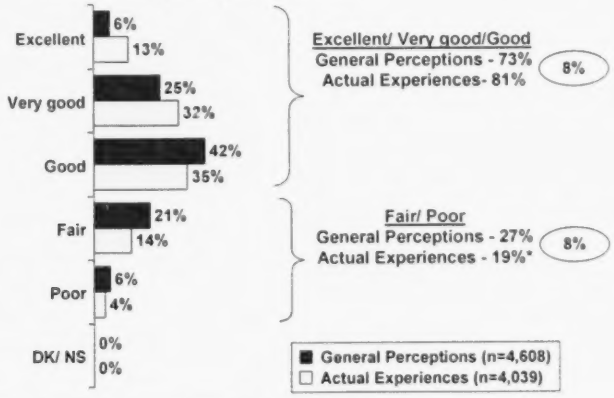
A gap exists and is widening between Albertans' perceptions of the quality of the health care system and the actual quality of services received: the system is actually better than what people generally think.

When focusing on scores provided by respondents rating their *perception* of the quality of Alberta's health care services, 73% believe it is excellent, very good or good. In comparison, 81% of those who have *actually received* health care services this past year rate the quality of those services as excellent, very good or good – an **8% difference** between perceptions and actual experiences.

In 2003, the gap between perceptions and actual experiences regarding the quality of health care services in Alberta was smaller – a 5% difference. Thus, the gap between perceptions and actual experiences is widening.

Quality of Health Care Services
General Perceptions vs. Actual Experiences

"To begin, thinking broadly about Alberta's health care system and the quality of medical services it provides, how would you describe it overall? Excellent, very good, good, fair or poor?"
"Thinking about all of your personal experiences within the past year with the health care services in Alberta that we just reviewed, how would you describe the overall quality of those services? Excellent, very good, good, fair or poor?"



*rounding

ACCESS TO HEALTH CARE SERVICES

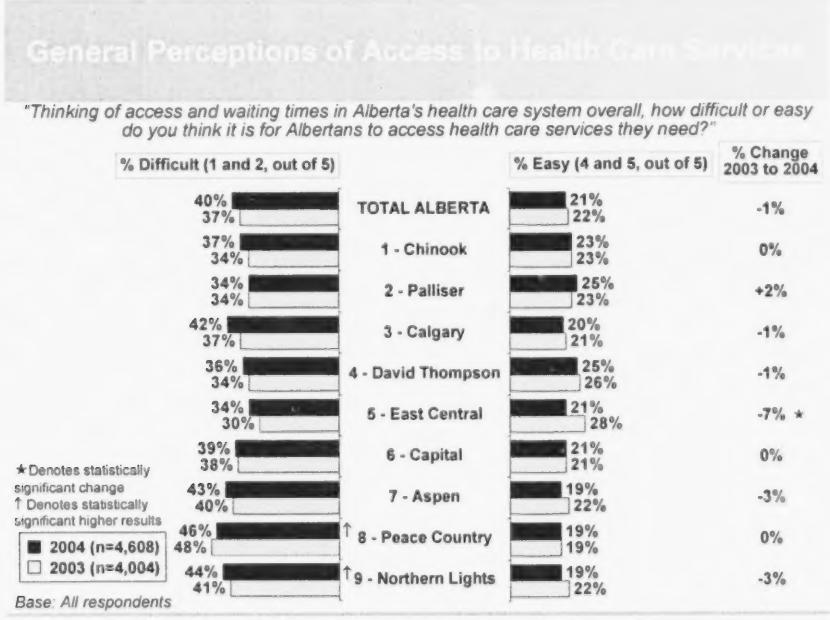
Accessibility to health care services in Alberta is the key factor associated with satisfaction with services received. To this end, understanding the ratings of various aspects of accessibility, along with the key factors associated with the ease or difficulty of accessing health care services, will be important in efforts to improve Albertans' views of the system.

General Perceptions of Access to Health Care Services

Albertans' continue to be significantly more likely to feel it is difficult rather than easy to access health care services in Alberta.

Just two-in-ten (21%) Albertans perceive that it is easy to access health care services they need, similar to results from 2003 (22%). Almost twice as many Albertans (40%), however, feel it is difficult for Albertans to access health care services they need, slightly increased since 2003 (37%). Perceptions about the accessibility of health care services have significantly declined in Health Region 5-East Central (from 28% saying it was easy in 2003 to 21% saying it is easy in 2004).

In 2004, residents in Health Regions 8-Peace Country (46%) and 9-Northern Lights (44%) are significantly more likely to feel that access to health care services in Alberta is difficult.


General Perceptions of Access to Health Care Services
"Thinking of access and waiting times in Alberta's health care system overall, how difficult or easy do you think it is for Albertans to access health care services they need?"
% Difficult (1 and 2, out of 5)
% Easy (4 and 5, out of 5)
% Change 2003 to 2004
TOTAL ALBERTA 40% 37% 21% 22% -1%
1 - Chinook 37% 34% 23% 23% 0%
2 - Palliser 34% 34% 25% 23% +2%
3 - Calgary 42% 37% 20% 21% -1%
4 - David Thompson 36% 34% 25% 26% -1%
5 - East Central 34% 30% 21% 28% -7% ★
6 - Capital 39% 38% 21% 21% 0%
7 - Aspen 43% 40% 19% 22% -3%
8 - Peace Country 46% 48% ↑ 19% 19% 0%
9 - Northern Lights 44% 41% ↑ 19% 22% -3%
★ Denotes statistically significant change
↑ Denotes statistically significant higher results
2004 (n=4,608)
2003 (n=4,004)
Base: All respondents

Accessibility Ratings Based on Actual Experiences

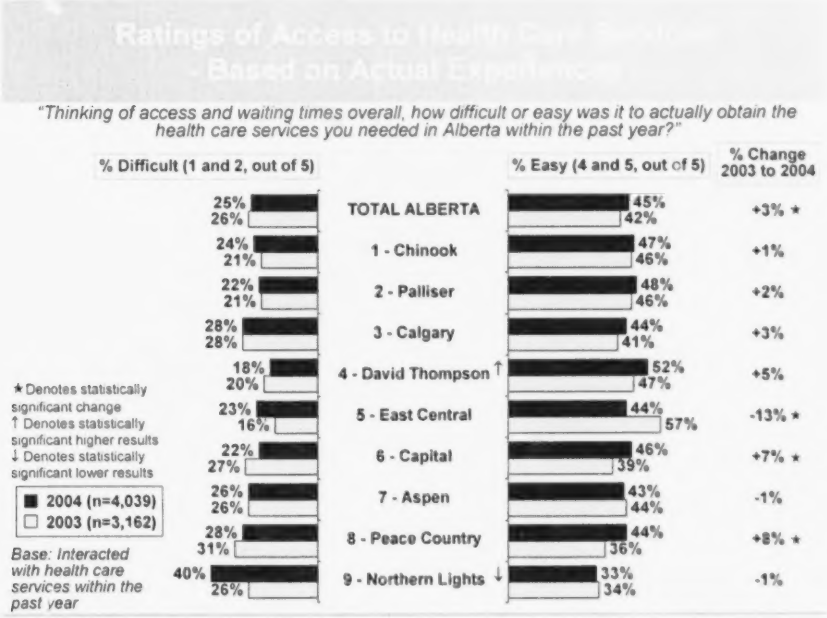
Accessibility ratings based on actual experiences have improved since last year.

Albertans who have interacted with Alberta health care services this past year were further asked to rate how difficult or easy it was to actually obtain the health care services they needed. A total of 45% of respondents say it was easy to access services, significantly improved from 42% in 2003. On the other hand, 25% of respondents say it was difficult to access health care services, similar to 26% in 2003.

Increased accessibility ratings are noteworthy given that access is the key factor associated with overall satisfaction with health care services in Alberta – the easier access becomes, the more satisfied Albertans will be.

Accessibility ratings have significantly improved in Health Regions 8-Peace Country (8% increase) and 6-Capital (7% increase). However, accessibility ratings have significantly declined in Health Region 5-East Central (13% decrease).

Based on actual experiences, residents of Health Region 4-David Thompson (52%) are significantly more likely to rate accessibility as easy, while residents of Health Regions 9-Northern Lights (33%) are significantly less likely to say that accessibility to health care in Alberta is easy.


Ratings of Access to Health Care Services
- Based on Actual Experiences -
"Thinking of access and waiting times overall, how difficult or easy was it to actually obtain the health care services you needed in Alberta within the past year?"
% Difficult (1 and 2, out of 5)
% Easy (4 and 5, out of 5)
% Change 2003 to 2004
TOTAL ALBERTA 25% 26% 45% 42% +3% ★
1 - Chinook 24% 21% 47% 46% +1%
2 - Palliser 22% 21% 48% 46% +2%
3 - Calgary 28% 28% 44% 41% +3%
4 - David Thompson ↑ 18% 20% 52% 47% +5%
5 - East Central 23% 16% 44% 57% -13% ★
6 - Capital 22% 27% 46% 39% +7% ★
7 - Aspen 26% 26% 43% 44% -1%
8 - Peace Country 28% 31% 44% 36% +8% ★
9 - Northern Lights ↓ 40% 26% 33% 34% -1%
★ Denotes statistically significant change
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
2004 (n=4,039)
2003 (n=3,162)
Base: Interacted with health care services within the past year

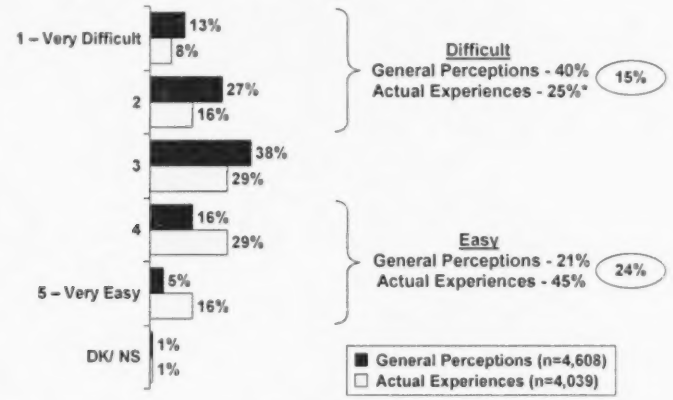
The Gap Between Perceptions and Actual Experiences

There is a gap between perceptions of accessibility and actual experiences with accessibility to health care services in Alberta. It is easier to access services than people think; yet this gap continues to widen.

Currently, 21% of Albertans perceive it to be easy to access health care services in Alberta. However, 45% of Albertans who have received health care services say it was actually easy to receive these services. Overall, a **24% gap** exists between Albertans' perceptions and actual experiences with respect to accessibility. In 2003, this gap was 20% and has widened over the past year.

Access to Health Care Services
General Perceptions vs. Actual Experiences

"Thinking of access and waiting times in Alberta's health care system overall, how difficult or easy do you think it is for Albertans to access health care services they need?"
"Thinking of access and waiting times overall, how difficult or easy was it to actually obtain the health care services you needed within the past year?"



*rounding

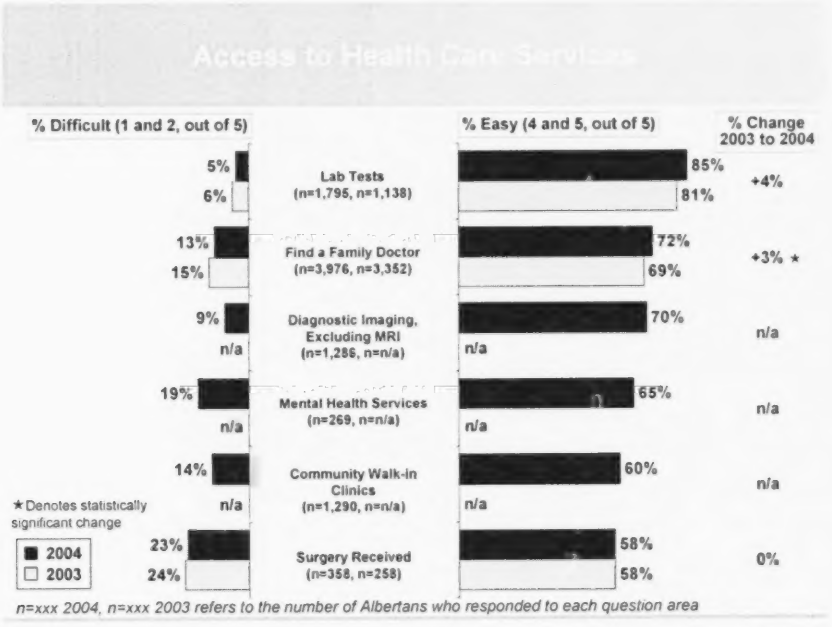
Access to Health Care Services

Albertans who have received health care services rated the extent to which it was easy or difficult to access services they received.

The extent to which it is easy to access various types of health care services ranges significantly. Accessibility has significantly improved over the past year only with respect to finding family doctors.

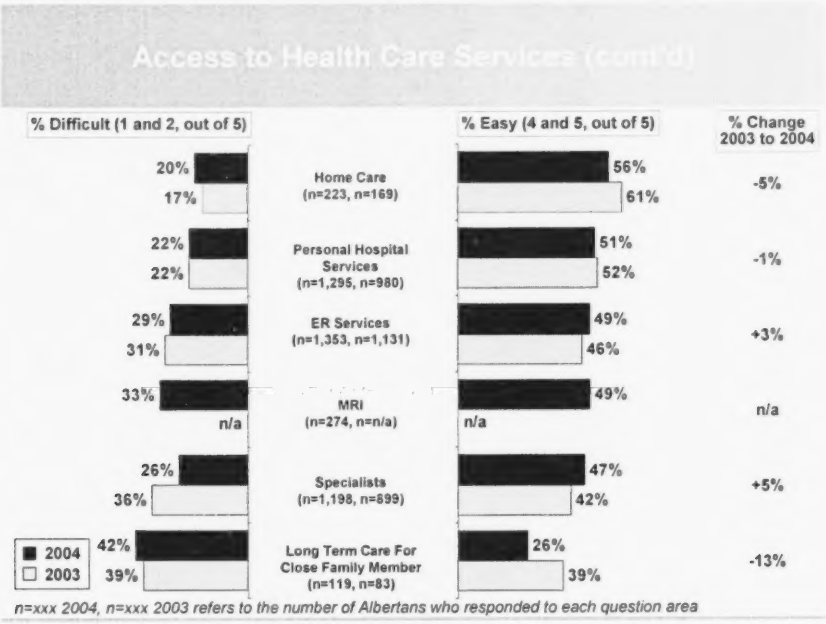
Accessibility ratings for various health care services in Alberta range from 26% to 85%. Accessibility is rated relatively easier for lab tests (85%) and finding a personal family doctor (72%, significantly improved from 69% last year). Further, 70% of Albertans who received diagnostic imaging other than MRIs say it was easy to access these services, and 65% of Albertans who received mental health services say it was easy to do so (these two health areas were not included in the 2003 survey).

Six-in-ten (60%) Albertans using community walk-in clinics this past year say it was easy to access services at clinics, and accessibility has remained unchanged with respect to surgery (58% in both 2004 and 2003).



(. . . continued)

Accessibility ratings are relatively lower for home care services (56%) and hospital services personally received (51%). Next, less than one-half of respondents say it was easy to access ER services (49%), MRIs (49% not included last year), and specialists (47%). Access is deemed relatively worse for long term care provided to family members (26%) where a downward trend in accessibility ratings is emerging (13% decrease).



n=xxx 2004, n=xxx 2003 refers to the number of Albertans who responded to each question area

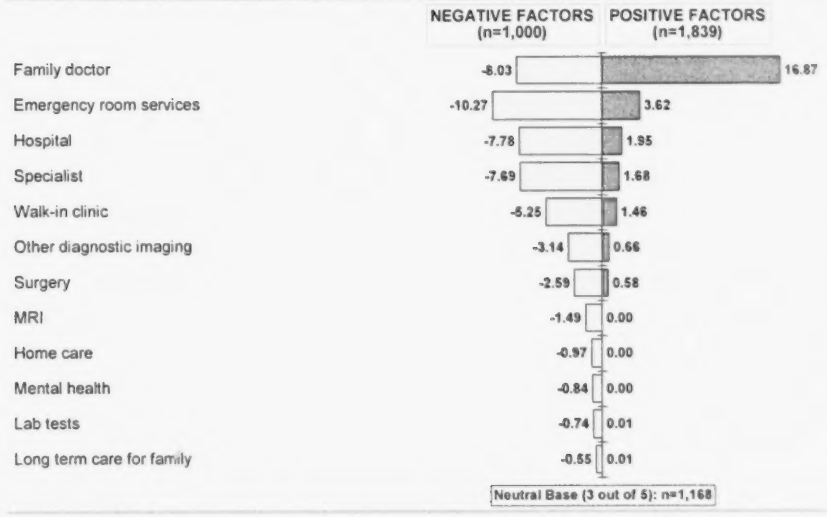
Factors Associated with Accessibility

A penalty-reward analysis was conducted to identify the factors associated with accessibility to Alberta's health care services.

The key factors associated with accessibility to Alberta's health care services involve the ease of finding a family doctor, followed by accessibility to ER services, hospitals, specialists and community walk-in clinics.

Accessibility is the key factor associated with Albertans' satisfaction with health care services. Therefore, the key factors related to the ease or difficulty in accessing services are, in turn, top priority areas for the province's health care system. In prioritizing efforts to improve overall accessibility, five specific themes emerge:

1. Ease of finding a personal family doctor;
2. Access to emergency room services;
3. Access to hospitals;
4. Access to specialists; and
5. Access to community walk-in clinics.



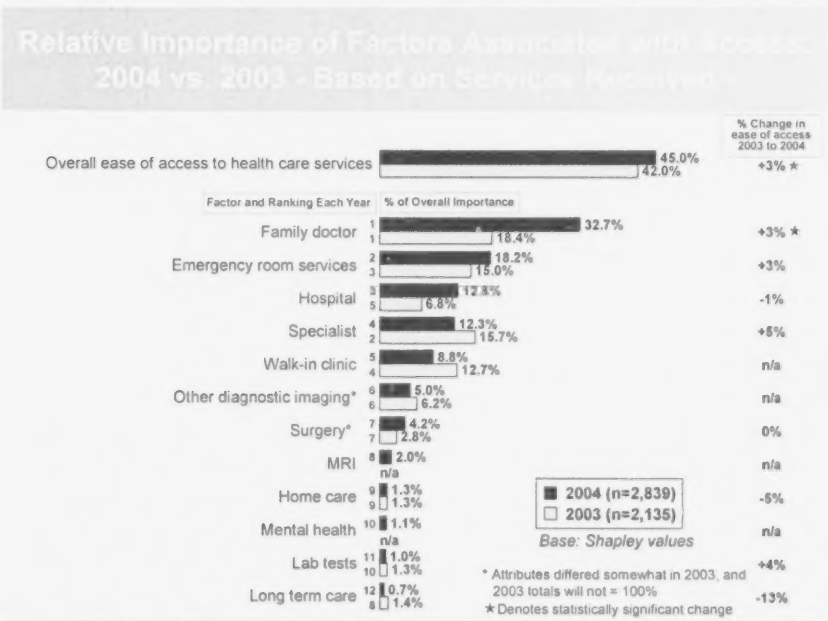
The ease of finding a personal family doctor has improved this past year. This is the key factor that can improve ratings related to the ease of accessing health care services in Alberta. The ease of accessing ER services, hospitals and specialists, on the other hand is rated low. Improving these areas can help reduce ratings related to the difficulty in accessing Alberta health care services, and can also slightly help to improve ratings related to the ease of accessing health care services.

Improving accessibility to other health care service delivery areas will not impact ratings of the ease of accessing health care services to the same extent as will focusing on the "top 5".

Across **health regions**, the ease of finding a family doctor is the key factor associated with ratings related to the ease of accessing health care services in Alberta (in 8 out of 9 health regions). Consistently, accessibility to ER services, hospitals, specialists, and community walk-in clinics are associated with overall accessibility ratings given to the provincial health care system.

Comparing the Importance of Factors: 2004 vs. 2003

The top five factors associated with overall accessibility have remained the same since last year, but the ease of finding family doctors is now more important to overall accessibility than it was in 2003. Overall, the ease of accessing health care services has improved, likely a result of improved accessibility to family doctors.



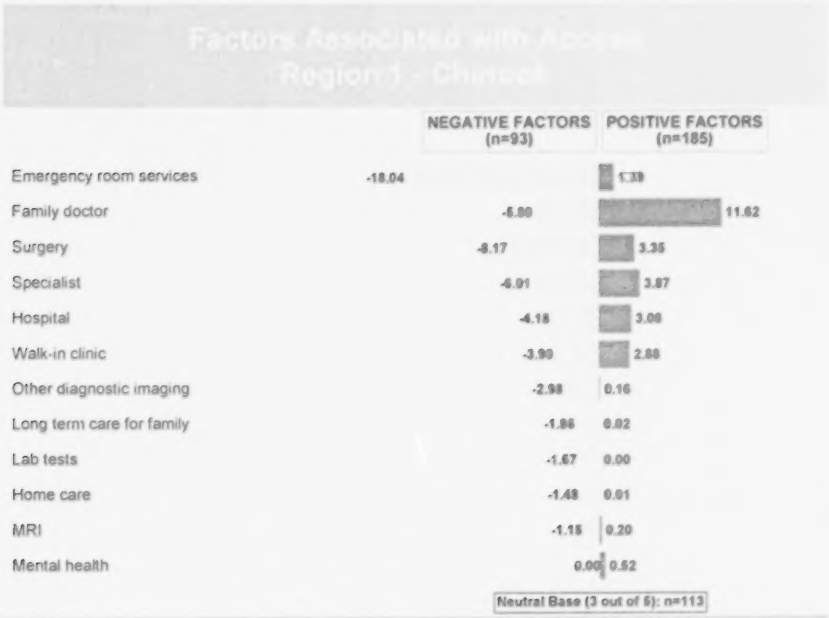
When comparing the relative importance of factors associated with overall accessibility to Alberta's health care services in 2004 and 2003, the top five factors are the same although they are ranked slightly differently this year in comparison to one year ago. The key differences to note are:

- Overall access has significantly improved by 3% since 2003. The ease of accessing family doctors was the key factor associated with accessibility last year. Given that the ease of finding a personal family doctor has significantly improved since 2003, this has likely contributed to the increase in the ease of overall access to health care services.
- The ease of accessing family doctors is now almost twice as important to overall accessibility ratings than it was in 2003.
- Access to emergency room services and hospitals are more important to overall accessibility in 2004 than in 2003.

Health Region 1-Chinook: Factors Associated with Accessibility

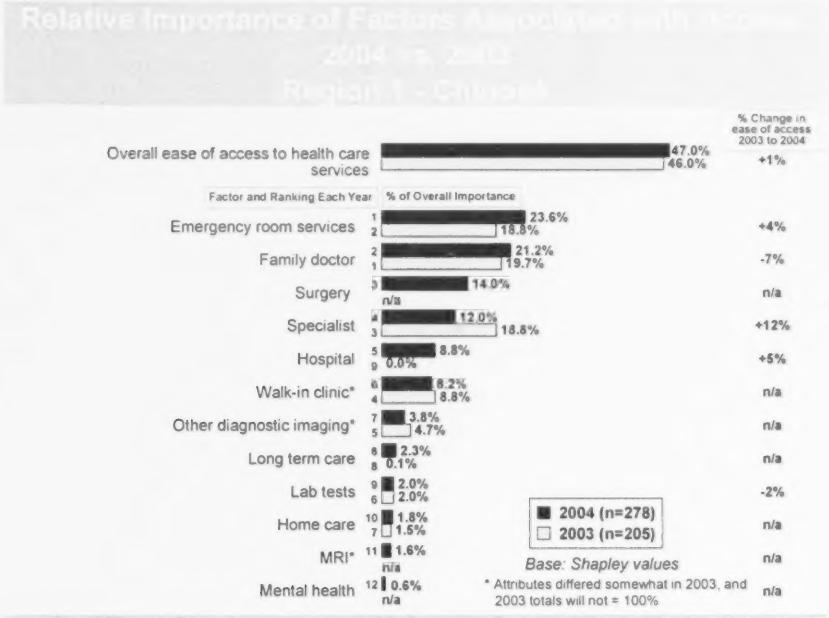
Among residents of Health Region 1-Chinook, the key factors associated with overall accessibility to health care services are related to accessibility to the following:

- **Key factor**: ER services.
- **Secondary factors**: Ease of finding a family doctor; surgery; specialists; hospitals; and community walk-in clinics.



Comparing the Importance of Factors Associated with Access: RHA 1: 2004 vs. 2003

No significant differences occurred with respect to accessibility ratings in Health Region 1-Chinook over the past year.



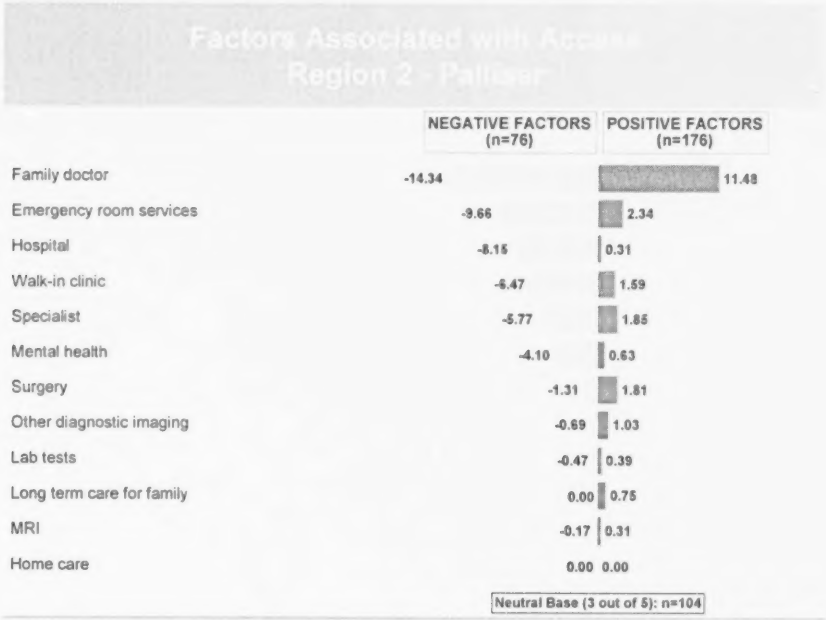
When comparing the relative importance of factors associated with overall accessibility to Alberta's health care services in 2004 and 2003 in Health Region 1-Chinook, the top two factors are the same although are ranked in reverse order this year in comparison to one year ago. The key differences to note are:

- Overall access has not significantly improved since 2003. This is likely a result of not seeing any significant improvements in the key factors associated with overall access to health care services.
- Access to emergency room services is more important to overall accessibility in 2004 than in 2003.
- Access to specialists is less important in 2004 than in 2003, perhaps because the ease of access to specialists has somewhat improved over last year.
- Access to hospital services is more important to overall accessibility in this region in 2004 than in 2003.

Health Region 2-Palliser: Factors Associated with Accessibility

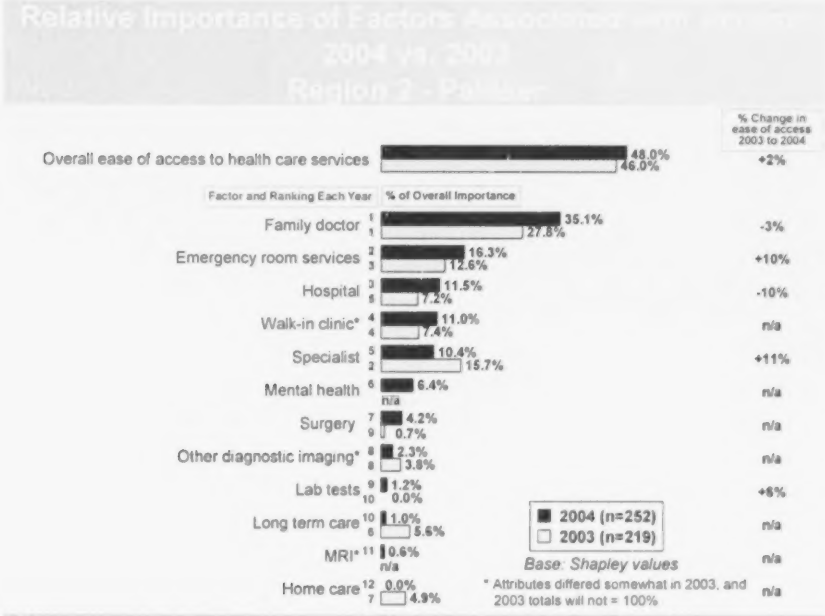
Among residents of Health Region 2-Palliser, the key factors associated with overall accessibility to health care services are related to accessibility to the following:

- **Key factor**: The ease of finding a family doctor.
- **Secondary factors**: ER services; hospitals; community walk-in clinics; and specialists.



Comparing the Importance of Factors Associated with Access: RHA 2: 2004 vs. 2003

No significant differences occurred with respect to accessibility ratings in Health Region 2-Palliser over the past year.



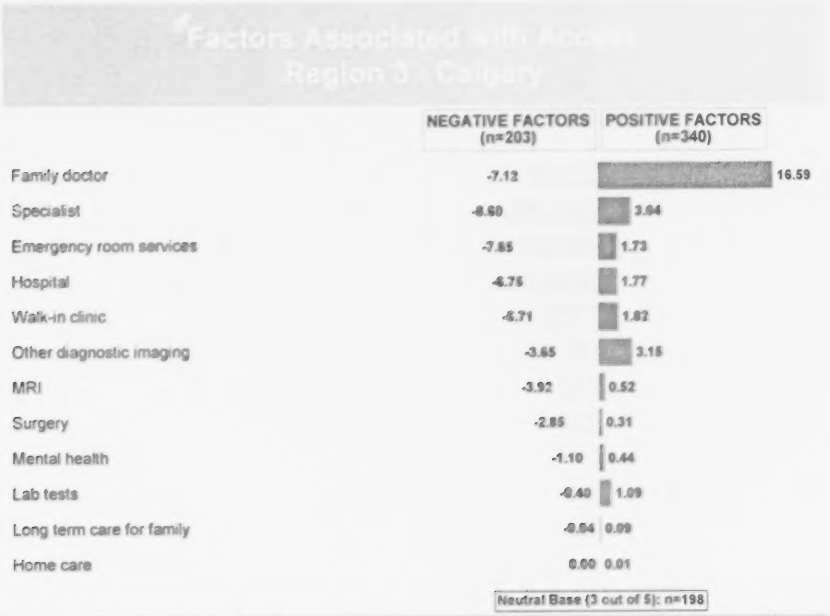
When comparing the relative importance of factors associated with overall accessibility to Alberta's health care services in 2004 and 2003 in Health Region 2-Palliser, the top five factors are the same although are ranked slightly differently this year in comparison to one year ago. The key differences to note are:

- Overall access has not significantly improved since 2003. This is likely a result of not seeing any significant improvements in the key factors associated with overall access to health care services.
- The ease of finding family doctors has remained the most important factor associated with overall accessibility, and is now more important than it was in 2003.
- The relative importance of accessing emergency room services, hospitals and community walk-in clinics has grown since 2003.
- The relative importance of accessing specialists has declined over the past year – perhaps due to the 11% increase in the ease of accessing specialists in this health region (although not statistically significant in nature).

Health Region 3-Calgary: Factors Associated with Accessibility

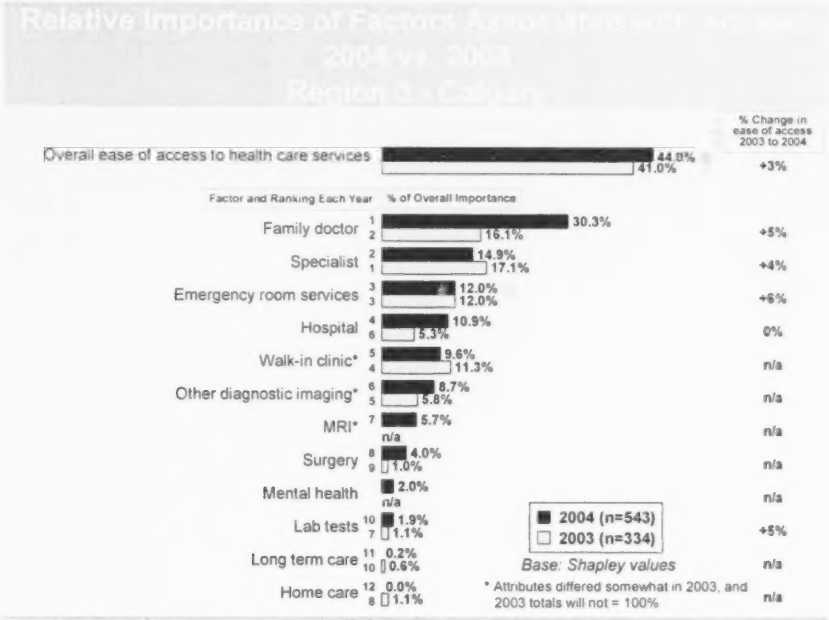
Among residents of Health Region 3-Calgary, the key factors associated with overall accessibility to health care services are related to accessibility to the following:

- **Key factor**: The ease of finding a family doctor.
- **Secondary factors**: Specialists; ER services; hospitals; community walk-in clinics; and diagnostic imaging (other than MRIs).



Comparing the Importance of Factors Associated with Access: RHA 3: 2004 vs. 2003

No significant differences occurred with respect to accessibility ratings in Health Region 3-Calgary over the past year.


% Change in ease of access 2003 to 2004
Overall ease of access to health care services
44.0%
41.0%
+3%
Factor and Ranking Each Year
% of Overall Importance
Family doctor 1 2 30.3% 16.1% +5%
Specialist 2 1 14.9% 17.1% +4%
Emergency room services 3 3 12.0% 12.0% +6%
Hospital 4 6 10.9% 5.3% 0%
Walk-in clinic* 5 4 9.6% 11.3% n/a
Other diagnostic imaging* 6 5 8.7% 5.8% n/a
MRI* 7 n/a 5.7% n/a
Surgery 8 9 4.0% 1.0% n/a
Mental health n/a 2.0% n/a
Lab tests 10 7 1.9% 1.1% +5%
Long term care 11 10 0.2% 0.6% n/a
Home care 12 8 0.0% 1.1% n/a
2004 (n=543)
2003 (n=334)
Base: Shapley values
* Attributes differed somewhat in 2003, and 2003 totals will not = 100%

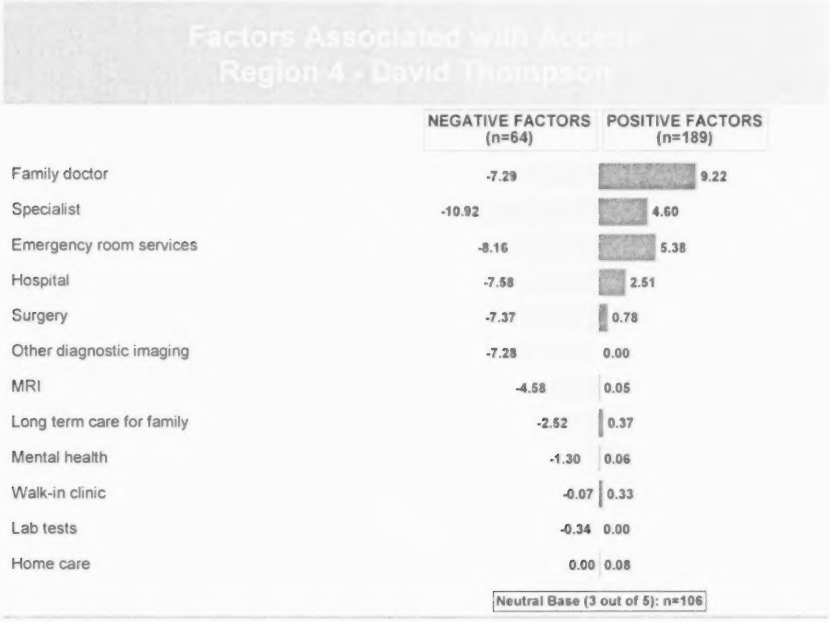
When comparing the relative importance of factors associated with overall accessibility to Alberta's health care services in 2004 and 2003 in Health Region 3-Calgary, the top three factors are the same although are ranked slightly differently this year in comparison to one year ago. The key differences to note are:

- Overall access has not significantly improved since 2003. This is likely a result of not seeing any significant improvements in the key factors associated with overall access to health care services.
- The ease of finding family doctors is now the most important factor associated with overall accessibility, and is now twice as important than it was in 2003.
- Accessing hospitals is now more important to overall accessibility than it was in 2003.

Health Region 4-David Thompson: Factors Associated with Accessibility

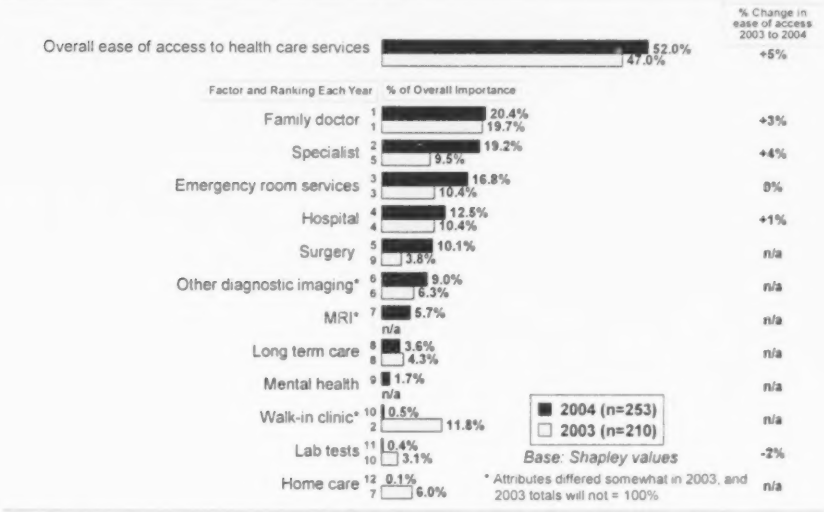
Among residents of Health Region 4-David Thompson, the key factors associated with overall accessibility to health care services are related to accessibility to the following:

- **Key factor**: The ease of finding a family doctor.
- **Secondary factors**: Specialists; ER services; hospitals; surgery; and diagnostic imaging (other than MRIs).



Comparing the Importance of Factors Associated with Access: RHA 4: 2004 vs. 2003

No significant differences occurred with respect to accessibility ratings in Health Region 4-David Thompson over the past year.


Overall ease of access to health care services
52.0%
47.0%
% Change in ease of access 2003 to 2004
+5%
Factor and Ranking Each Year
% of Overall Importance
Family doctor 1 1 20.4% 19.7% +3%
Specialist 2 5 19.2% 9.5% +4%
Emergency room services 3 3 16.8% 10.4% 0%
Hospital 4 4 12.5% 10.4% +1%
Surgery 5 9 10.1% 3.8% n/a
Other diagnostic imaging* 6 6 9.0% 6.3% n/a
MRI* 7 n/a 5.7% n/a
Long term care 8 8 3.6% 4.3% n/a
Mental health 9 n/a 1.7% n/a
Walk-in clinic* 10 2 0.5% 11.8% n/a
Lab tests 11 10 0.4% 3.1% -2%
Home care 12 7 0.1% 6.0% n/a
2004 (n=253)
2003 (n=210)
Base: Shapley values
* Attributes differed somewhat in 2003, and 2003 totals will not = 100%

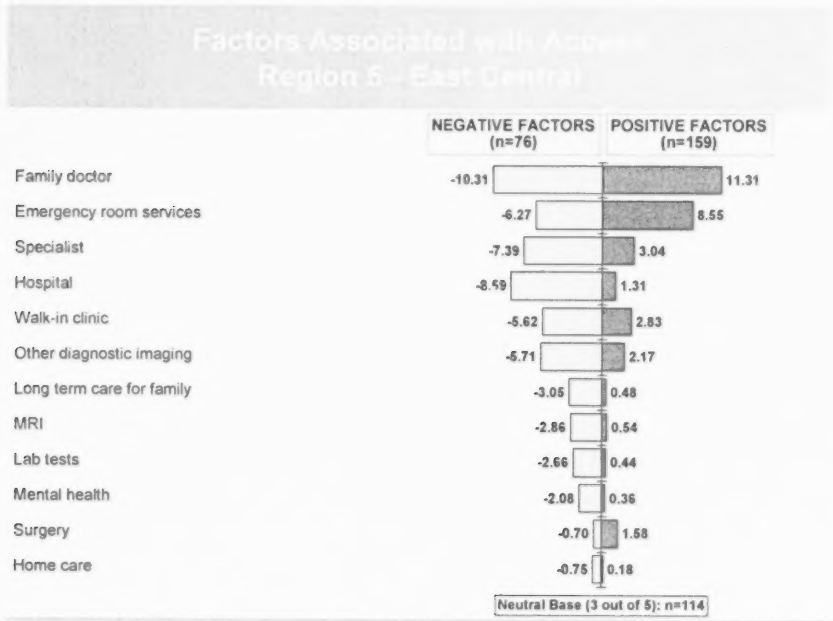
When comparing the relative importance of factors associated with overall accessibility to Alberta's health care services in 2004 and 2003 in Health Region 4-David Thompson, the key differences to note are:

- Overall access has not significantly improved since 2003. This is likely a result of not seeing any significant improvements in the key factors associated with overall access to health care services.
- The ease of finding family doctors has remained the most important factor associated with overall accessibility.
- Accessing specialists, ER services and surgery is now more important to overall accessibility than it was in 2003.
- Accessing community walk-in clinics is less important to overall accessibility in 2004 than in 2003.

Health Region 5-East Central: Factors Associated with Accessibility

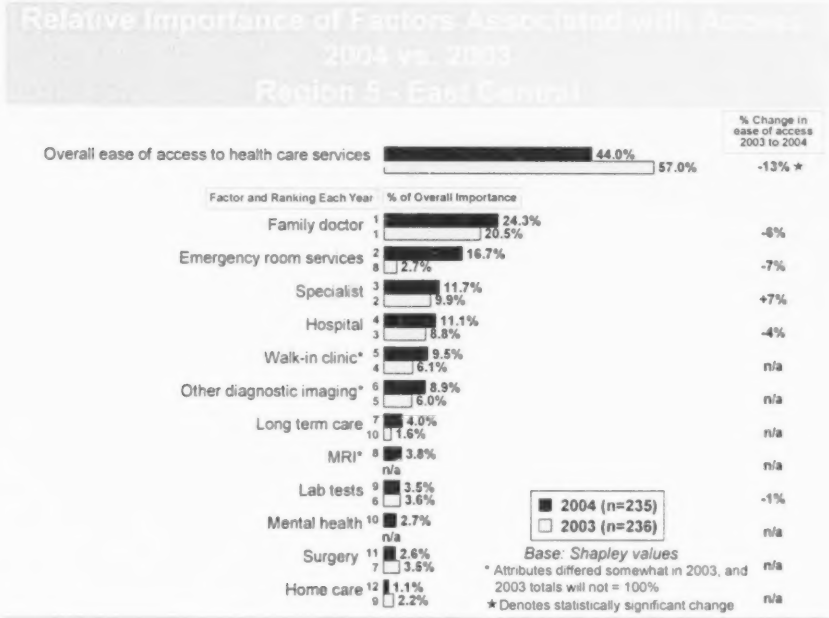
Among residents of Health Region 5-East Central, the key factors associated with overall accessibility to health care services are related to accessibility to the following:

- **Key factor**: The ease of finding a family doctor.
- **Secondary factors**: ER services; specialists; hospitals; community walk-in clinics; and diagnostic imaging (other than MRIs).



Comparing the Importance of Factors Associated with Access: RHA 5: 2004 vs. 2003

Overall accessibility ratings in Health Region 5-East Central have significantly **declined** over the past year.


Relative Importance of Factors Associated with Access
2004 vs. 2003
Region 5 - East Central
% Change in ease of access 2003 to 2004
Overall ease of access to health care services
44.0%
57.0%
-13% ★
Factor and Ranking Each Year
% of Overall Importance
Family doctor 1 1 24.3% 20.5% -6%
Emergency room services 2 8 16.7% 2.7% -7%
Specialist 3 2 11.7% 9.9% +7%
Hospital 4 3 11.1% 8.8% -4%
Walk-in clinic* 5 4 9.5% 6.1% n/a
Other diagnostic imaging* 6 5 8.9% 6.0% n/a
Long term care 7 10 4.0% 1.6% n/a
MRI* 8 n/a 3.8% n/a
Lab tests 9 6 3.5% 3.6% -1%
Mental health 10 n/a 2.7% n/a
Surgery 11 7 2.6% 3.5% n/a
Home care 12 9 1.1% 2.2% n/a
2004 (n=235)
2003 (n=236)
Base: Shapley values
* Attributes differed somewhat in 2003, and 2003 totals will not = 100%
★ Denotes statistically significant change

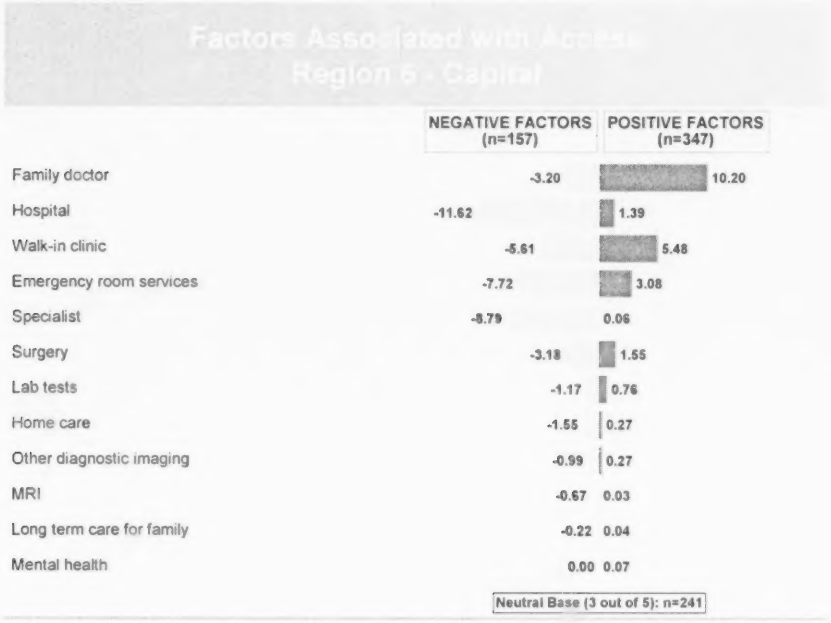
When comparing the relative importance of factors associated with overall accessibility to Alberta's health care services in 2004 and 2003 in Health Region 5-East Central, the key differences to note are:

- Overall access has significantly declined since 2003. This is likely partially a result of seeing a slight decline in the accessibility ratings for the key factor associated with overall accessibility: ease of finding a family doctor.
- The ease of finding family doctors has remained the most important factor associated with overall accessibility.
- Accessing ER services has become six times more important in 2004 than in 2003 and has seen a slight decline in overall accessibility this past year, likely partially impacting the decline in overall accessibility ratings in this health region.

Health Region 6-Capital: Factors Associated with Accessibility

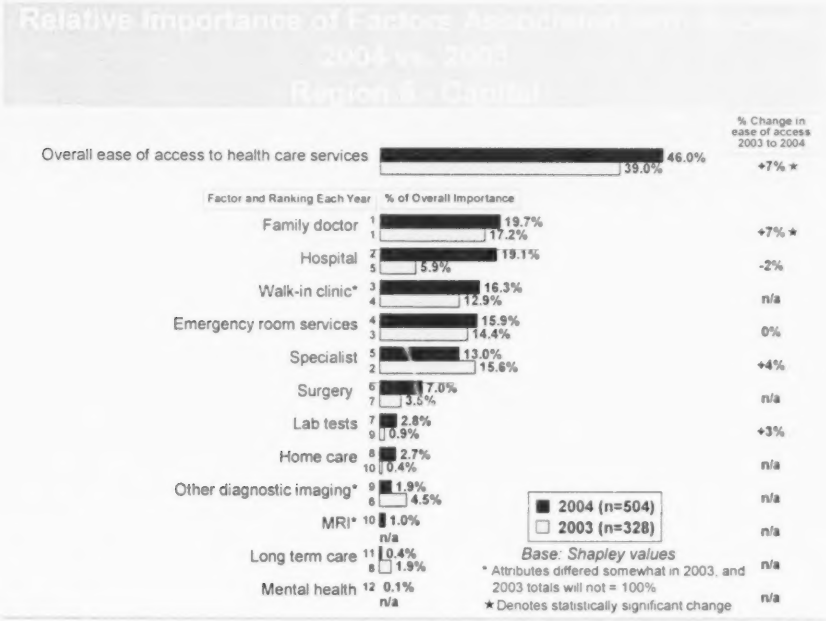
Among residents of Health Region 6-Capital, the key factors associated with overall accessibility to health care services are related to accessibility to the following:

- **Key factor**: The ease of finding a family doctor.
- **Secondary factors**: Hospitals; community walk-in clinics; ER services; and specialists.



Comparing the Importance of Factors Associated with Access: RHA 6: 2004 vs. 2003

Overall accessibility ratings in Health Region 6-Capital have significantly **improved** over the past year.


% Change in ease of access 2003 to 2004
Overall ease of access to health care services
46.0%
39.0%
+7% ★
Factor and Ranking Each Year
% of Overall Importance
Family doctor 1 1 19.7% 17.2% +7% ★
Hospital 2 5 19.1% 5.9% -2%
Walk-in clinic* 3 4 16.3% 12.9% n/a
Emergency room services 4 3 15.9% 14.4% 0%
Specialist 5 2 13.0% 15.6% +4%
Surgery 6 7 7.0% 3.5% n/a
Lab tests 7 9 2.8% 0.9% +3%
Home care 8 10 2.7% 0.4% n/a
Other diagnostic imaging* 9 6 1.9% 4.5% n/a
MRI* 10 n/a 1.0% n/a n/a
Long term care 11 8 0.4% 1.9% n/a
Mental health 12 n/a 0.1% n/a n/a
2004 (n=504)
2003 (n=328)
Base: Shapley values
* Attributes differed somewhat in 2003, and 2003 totals will not = 100%
★ Denotes statistically significant change

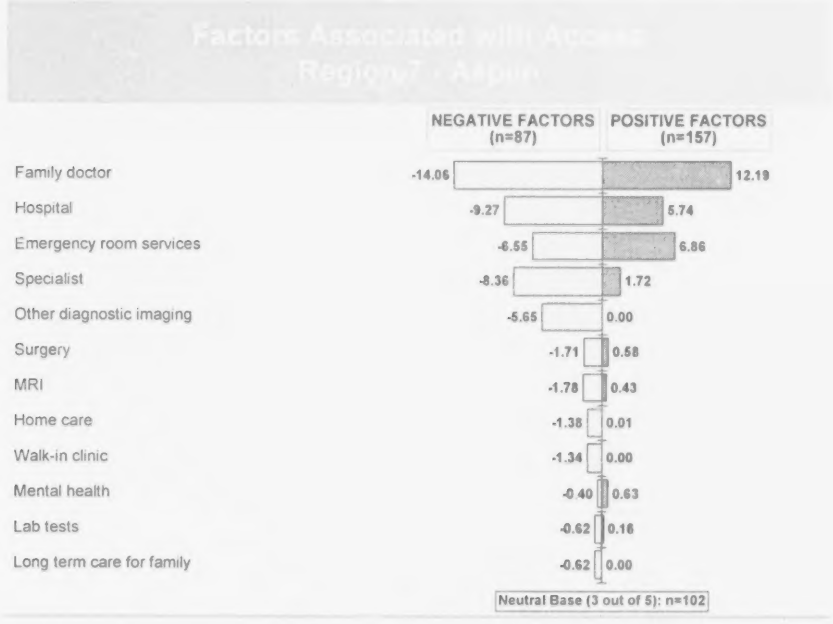
When comparing the relative importance of factors associated with overall accessibility to Alberta's health care services in 2004 and 2003 in Health Region 6-Capital, the top five factors remain the same. The key differences to note are:

- Overall access has significantly improved since 2003. This is likely partially a result of seeing a significant increase in the ratings for the ease of finding personal family doctors.
- The ease of finding family doctors has remained the most important factor associated with overall accessibility.
- Accessing hospital services has become more than three times more important in 2004 than in 2003 to overall accessibility to health care services in this health region.

Health Region 7-Aspen: Factors Associated with Accessibility

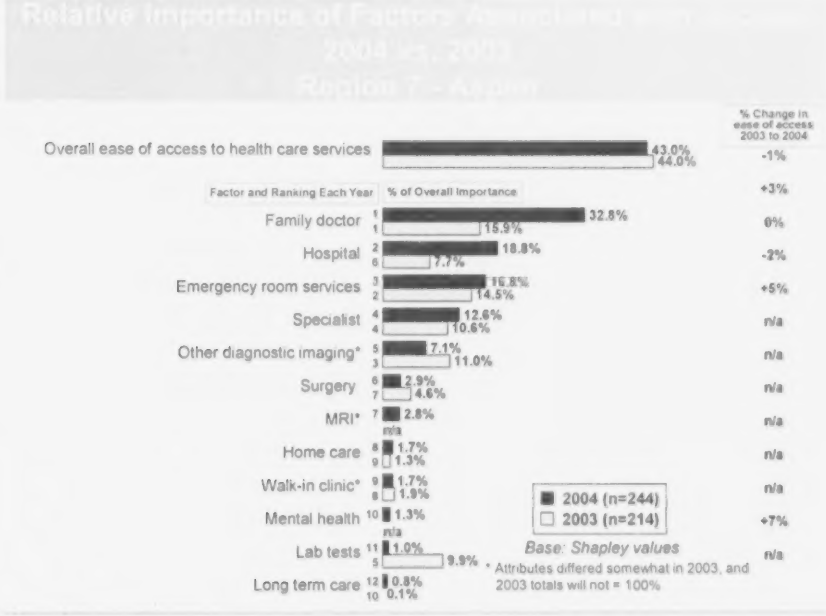
Among residents of Health Region 7-Aspen, the key factors associated with overall accessibility to health care services are related to accessibility to the following:

- **Key factor**: The ease of finding a family doctor.
- **Secondary factors**: Hospitals; ER services; specialists; and diagnostic imaging (other than MRIs).



Comparing the Importance of Factors Associated with Access: RHA 7: 2004 vs. 2003

Overall accessibility ratings in Health Region 7-Aspen have not significantly changed over the past year.



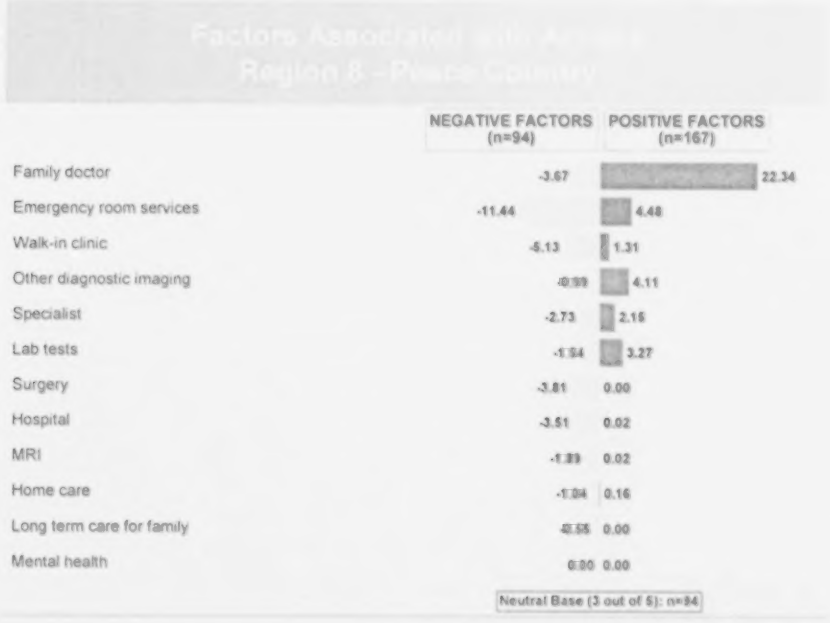
When comparing the relative importance of factors associated with overall accessibility to Alberta's health care services in 2004 and 2003 in Health Region 7-Aspen, the key differences to note are:

- Overall access has not significantly improved since 2003. This is likely a result of not seeing any significant improvements in the key factors associated with overall access to health care services.
- The ease of finding family doctors has remained the most important factor associated with overall accessibility and is now twice as important than it was in 2003.
- Accessing hospital services has become more than twice as important in 2004 than in 2003 to overall accessibility to health care services in this health region.
- Accessing lab tests is now much less important to overall accessibility.

Health Region 8-Peace Country: Factors Associated with Accessibility

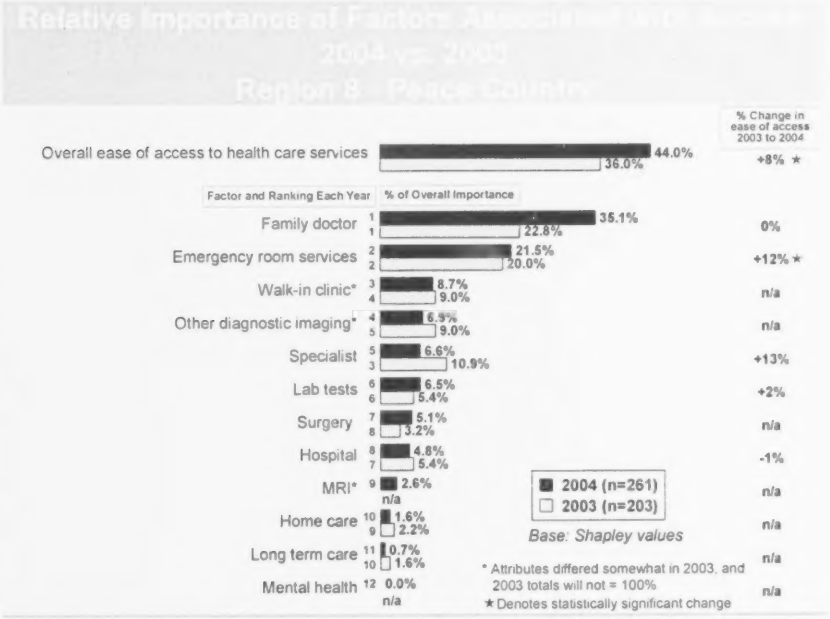
Among residents of Health Region 8-Peace Country, the key factors associated with overall accessibility to health care services are related to accessibility to the following:

- **Key factor**: The ease of finding a family doctor.
- **Secondary factors**: ER services; community walk-in clinics; diagnostic imaging (other than MRIs); specialists; and lab tests.



Comparing the Importance of Factors Associated with Access: RHA 8: 2004 vs. 2003

Overall accessibility ratings in Health Region 8-Peace Country have significantly **improved** over the past year.


Relative Importance of Factors Associated with Access
2004 vs. 2003
Region 8 - Peace Country
% Change in ease of access 2003 to 2004
Overall ease of access to health care services
44.0%
36.0%
+8% ★
Factor and Ranking Each Year
% of Overall Importance
Family doctor 1 1 35.1% 22.8% 0%
Emergency room services 2 2 21.5% 20.0% +12% ★
Walk-in clinic* 3 4 8.7% 9.0% n/a
Other diagnostic imaging* 4 5 6.9% 9.0% n/a
Specialist 5 3 6.6% 10.9% +13%
Lab tests 6 6 6.5% 5.4% +2%
Surgery 7 8 5.1% 3.2% n/a
Hospital 8 7 4.8% 5.4% -1%
MRI* 9 n/a 2.6% n/a
Home care 10 9 1.6% 2.2% n/a
Long term care 11 10 0.7% 1.6% n/a
Mental health 12 n/a 0.0% n/a
2004 (n=261)
2003 (n=203)
Base: Shapley values
* Attributes differed somewhat in 2003, and 2003 totals will not = 100%
★ Denotes statistically significant change

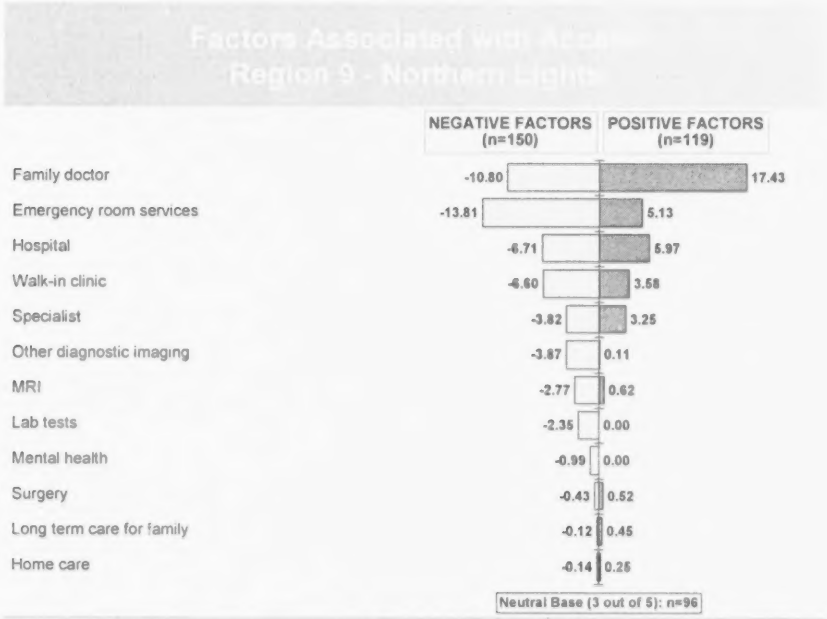
When comparing the relative importance of factors associated with overall accessibility to Alberta's health care services in 2004 and 2003 in Health Region 8-Peace Country, the top five factors remain the same. The key differences to note are:

- Overall access has significantly improved since 2003. This is likely partially a result of seeing a significant increase in the ratings for the ease of accessing emergency room services – the second most important factor related to overall accessibility.
- The ease of finding family doctors has remained the most important factor associated with overall accessibility and is now even more important than it was in 2003.

Health Region 9-Northern Lights: Factors Associated with Accessibility

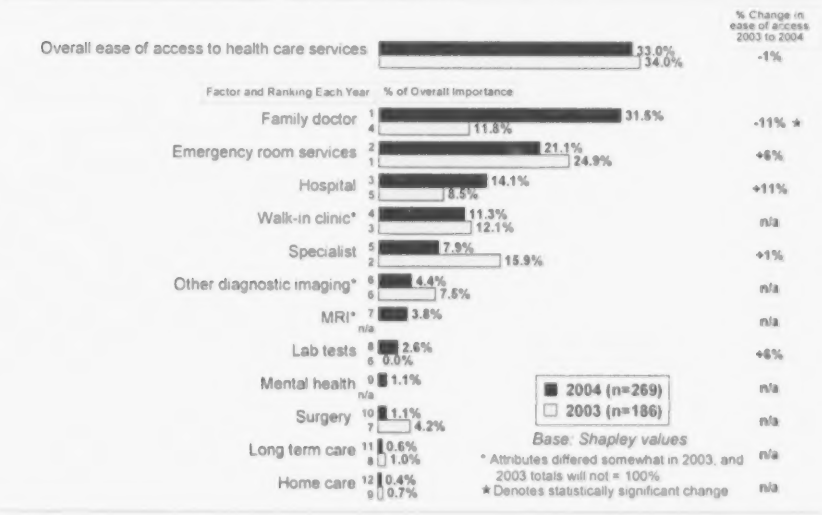
Among residents of Health Region 9-Northern Lights, the key factors associated with overall accessibility to health care services are related to accessibility to the following:

- **Key factor**: The ease of finding a family doctor.
- **Secondary factors**: ER services; hospitals; community walk-in clinics; and specialists.



Comparing the Importance of Factors Associated with Access: RHA 9: 2004 vs. 2003

Overall accessibility ratings in Health Region 9-Northern Lights have not significantly changed over the past year.



When comparing the relative importance of factors associated with overall accessibility to Alberta's health care services in 2004 and 2003 in Health Region 9-Northern Lights, the key differences to note are:

- Overall access has not significantly improved since 2003. This is likely a result of not seeing any significant improvements in the key factors associated with overall access to health care services – some improvements have been made in certain areas but declines have simultaneously occurred.
- The ease of finding family doctors has significantly declined since 2003 and has moved from the 4th most important factor in 2003 to the most important factor related to overall accessibility in 2004 –almost three times as important now than one year ago.
- Emergency room services remains as a very important factor related to overall accessibility in this health region.
- Accessing hospitals is now more important to overall accessibility in this RHA.
- Accessing specialists is now less important to overall accessibility than it was in 2003.

PERSONAL FAMILY DOCTORS

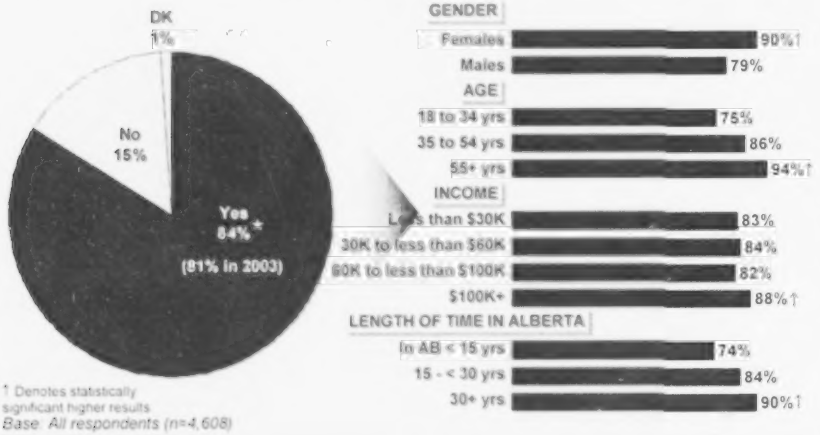
Satisfaction with personal family doctors is a relatively important factor associated with overall satisfaction with health care services received. As such, sustaining current high satisfaction levels, while concentrating on improvements in certain areas, will be instrumental in impacting Albertans' overall satisfaction with health care services they receive.

Albertans Who Have a Family Doctor

The proportion of Albertans who have a family doctor is rising and encompasses a solid majority of residents.

More than eight-in-ten (84%) Albertans currently have a personal family doctor. Since last year, the proportion of Albertans who have a family doctor has significantly risen 3% from 81% in 2003.

'Do you currently have a personal family doctor who you regularly see for most of your health care needs? When I say 'personal family doctor', I mean a family or general physician, but not a doctor who is a specialist in a certain area of health care, such as a surgeon or allergy doctor for example.'



↑ Denotes statistically significant higher results
Base: All respondents (n=4,608)

Albertans who are predominantly more likely to have a personal family doctor are:

- Female (90%) vs. male (79%);
- Aged 55+ (94%) vs. those aged 18-34 years (75%);
- Those with annual household incomes of $100K+ (88%); and
- Residents who have lived in Alberta for 30+ years (90%) vs. those who have lived in Alberta for <15 years (74%).

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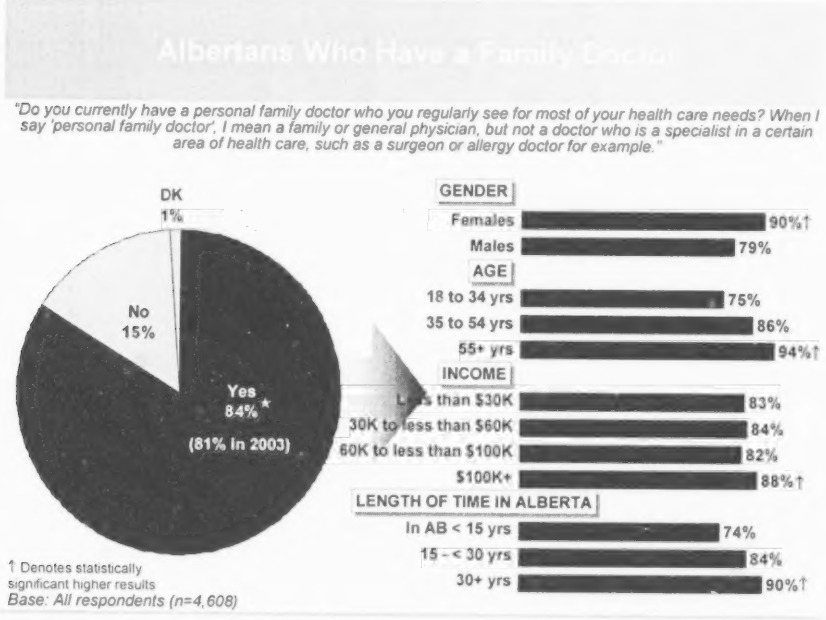
Albertans Who Have a Family Doctor
"Do you currently have a personal family doctor who you regularly see for most of your health care needs? When I say 'personal family doctor', I mean a family or general physician, but not a doctor who is a specialist in a certain area of health care, such as a surgeon or allergy doctor for example."
DK 1%
No 15%
Yes 84%*
(81% in 2003)
GENDER
Females 90%↑
Males 79%
AGE
18 to 34 yrs 75%
35 to 54 yrs 86%
55+ yrs 94%↑
INCOME
Less than $30K 83%
30K to less than $60K 84%
60K to less than $100K 82%
$100K+ 88%↑
LENGTH OF TIME IN ALBERTA
In AB < 15 yrs 74%
15 - < 30 yrs 84%
30+ yrs 90%↑
↑ Denotes statistically significant higher results
Base: All respondents (n=4,608)

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- Those with annual household incomes of $100K+ (88%); and
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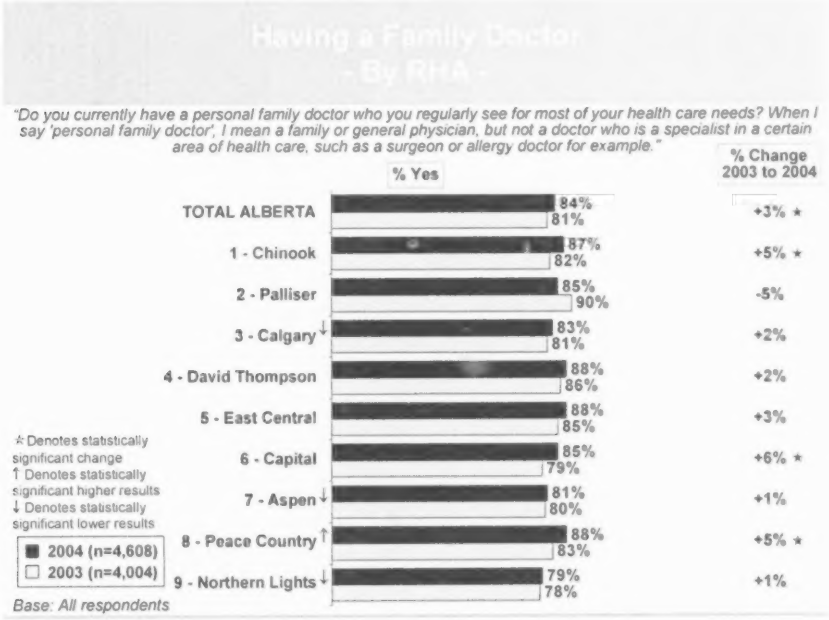
Having a Family Doctor by RHA

The proportion of residents who have a family doctor has significantly risen in Health Regions 1-Chinook (increased 5%), 6-Capital (increased 6%), and 8-Peace Country (increased 5%).

In 2004, Albertans in Health Regions 9-Northern Lights (79%), 7-Aspen (81%) and 3-Calgary (83%) are significantly less likely to have a personal family doctor. On the other hand, residents in Health Region 8-Peace Country (88%) are significantly more likely to indicate they have a personal family doctor.


Having a Family Doctor
- By RHA -
"Do you currently have a personal family doctor who you regularly see for most of your health care needs? When I say 'personal family doctor', I mean a family or general physician, but not a doctor who is a specialist in a certain area of health care, such as a surgeon or allergy doctor for example."
% Yes
% Change 2003 to 2004
TOTAL ALBERTA 84% 81% +3% ★
1 - Chinook 87% 82% +5% ★
2 - Palliser 85% 90% -5%
3 - Calgary ↓ 83% 81% +2%
4 - David Thompson 88% 86% +2%
5 - East Central 88% 85% +3%
6 - Capital 85% 79% +6% ★
7 - Aspen ↓ 81% 80% +1%
8 - Peace Country ↑ 88% 83% +5% ★
9 - Northern Lights ↓ 79% 78% +1%
★ Denotes statistically significant change
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
2004 (n=4,608)
2003 (n=4,004)
Base: All respondents

Length of Time with Family Doctor

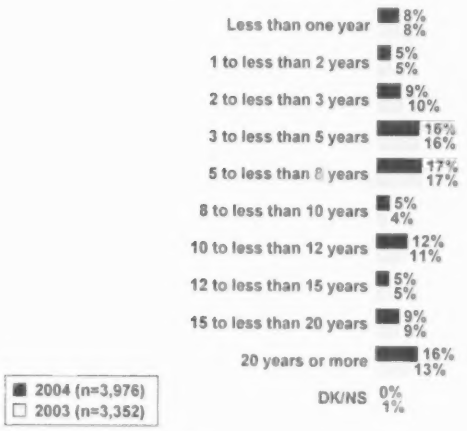
On average, Albertans have been going to their family doctors for nine years.

The length of time Albertans have been going to their present personal family doctors has remained fairly similar to the length of time reported in 2003: mean of 9.1 years in 2004 vs. 8.7 years in 2003.

In short, 38% of Albertans have been seeing their family doctor for less than 5 years, 39% for 5 to less than 15 years, and 25% for 15 years or more.

Length of Time with Family Doctor

"How long have you been going to your present personal family doctor?"


Less than one year 8% 8%
1 to less than 2 years 5% 5%
2 to less than 3 years 9% 10%
3 to less than 5 years 16% 16%
5 to less than 8 years 17% 17%
8 to less than 10 years 5% 4%
10 to less than 12 years 12% 11%
12 to less than 15 years 5% 5%
15 to less than 20 years 9% 9%
20 years or more 16% 13%
DK/NS 0% 1%
2004 (n=3,976)
2003 (n=3,352)

	2004	2003
Mean (years)	9.1	8.7

Base: Have a family doctor

Ease of Finding Family Doctors

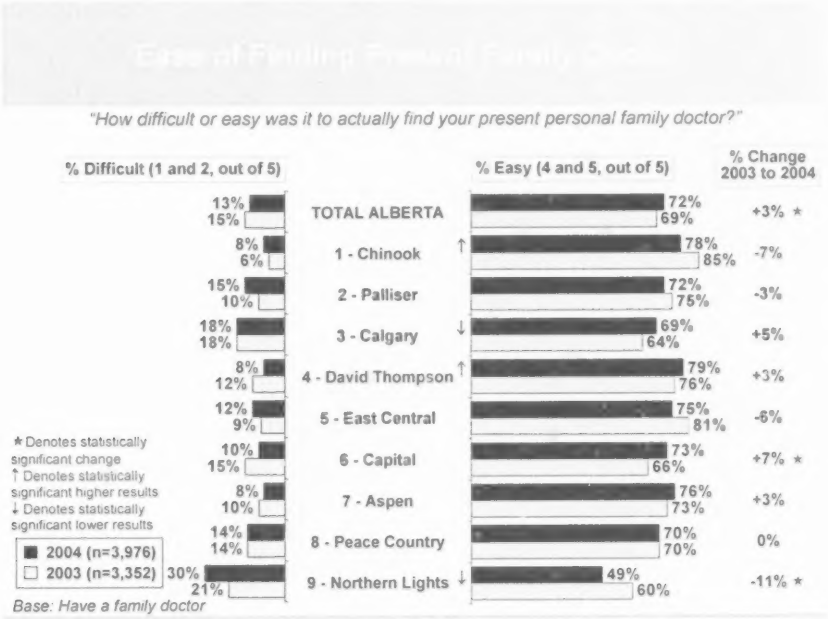
Albertans who currently have a personal family doctor were asked to rate the extent to which it was easy or difficult to find their personal family doctor.

The ease of finding a family doctor has improved since last year.

More than seven-in-ten (72%) Albertans with a family doctor say it was easy to find their family doctor, significantly increased from 69% one year ago. On the other hand, 13% say it was difficult to find their personal family doctor, 14% were neutral (3 out of 5) and one percent were unsure.

A significant improvement in the ease of finding family doctors is apparent in Health Region 6-Capital (7% increase), whereas a significant decline in the ease of finding family doctors is found in Health Region 9-Northern Lights (11% decrease).

Across health regions, residents in Health Regions 1-Chinook (78%) and 4-David Thompson (79%) are significantly more likely to report that it was easy to find their current family doctors. Conversely, residents in Health Region 9-Northern Lights (49%) and 3-Calgary (69%) are significantly less likely to say it was easy to find their family doctors.

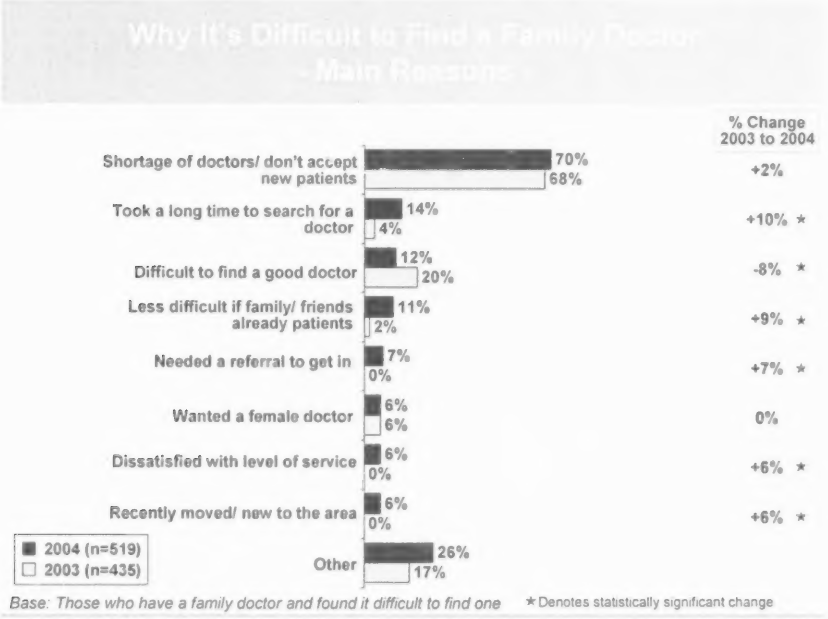

"How difficult or easy was it to actually find your present personal family doctor?"
% Difficult (1 and 2, out of 5)
% Easy (4 and 5, out of 5)
% Change 2003 to 2004
TOTAL ALBERTA 13% 15% 72% 69% +3% *
1 - Chinook 8% 6% ↑ 78% 85% -7%
2 - Palliser 15% 10% 72% 75% -3%
3 - Calgary 18% 18% ↓ 69% 64% +5%
4 - David Thompson 8% 12% ↑ 79% 76% +3%
5 - East Central 12% 9% 75% 81% -6%
6 - Capital 10% 15% 73% 66% +7% *
7 - Aspen 8% 10% 76% 73% +3%
8 - Peace Country 14% 14% 70% 70% 0%
9 - Northern Lights 30% 21% ↓ 49% 60% -11% *
* Denotes statistically significant change
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
2004 (n=3,976)
2003 (n=3,352)
Base: Have a family doctor

➢ Those who have been with their family doctor for less than 3 years (28%) are significantly more likely to say it was difficult to find their present family doctor vs. those who have been with their family doctor for 10+ years (5%). **It has become more difficult to find a family doctor in the recent past.**

Reasons Behind Difficulties in Finding Family Doctors

A shortage of doctors continues to be the main reason behind difficulties in finding family doctors.

Similar to last year, the most common reason behind Albertans finding it difficult to find family doctors rests with a shortage of doctors or that doctors are not accepting new patients (70%, and 68% in 2003). Other reasons for saying it was difficult to find family doctors involve the length of time to search for a doctor (14%), that it was difficult to find a good doctor (12%), or that it is less difficult if family or friends are already patients of physicians (11%). Further, less than one-in-ten respondents provided responses such as needing a referral to get into a family doctor practice (7%), wanting a female doctor (6%), being dissatisfied with the level of service received (6%), or having recently moved to the area (6%).



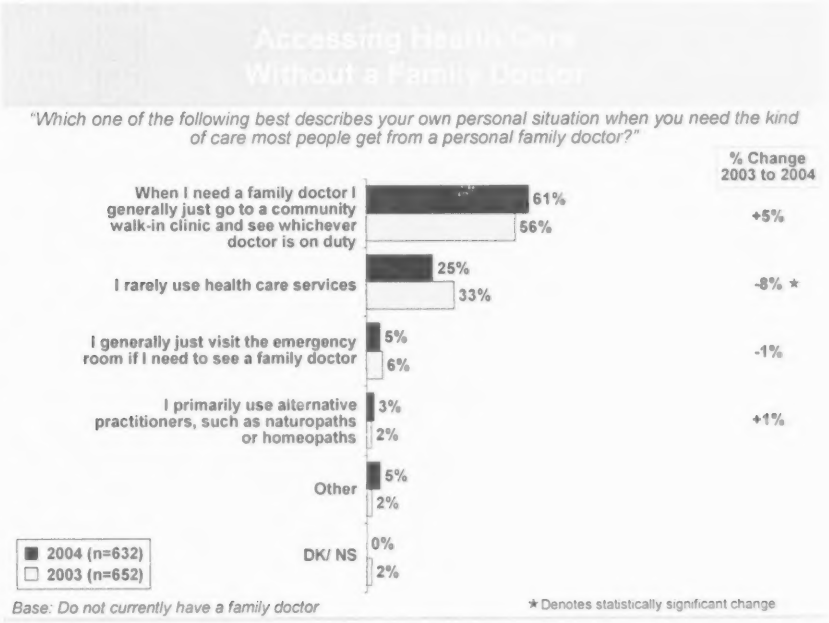
Other respondents provided reasons such as:

- Doctors have left or moved;
- Doctors have retired;
- Difficulties in using clinics or ER services while looking; and
- Needing a family doctor urgently.

Accessing Health Care Without a Family Doctor

Albertans without a family doctor continue to primarily use community walk-in clinics to receive health care when needed.

A total of 16% of adult Albertans do not currently have a personal family doctor. Of these individuals, most (61%) generally go to a community walk-in clinic and see whichever doctor is on duty, compared to 56% in 2003. One-quarter (25%) of these respondents say they rarely use health care services at all (significantly decreased from 33% in 2003), 5% say they generally visit the emergency room (similar to 6% last year), and 3% report using alternative practitioners (similar to 2% one year ago).


Accessing Health Care Without a Family Doctor
"Which one of the following best describes your own personal situation when you need the kind of care most people get from a personal family doctor?"
% Change 2003 to 2004
When I need a family doctor I generally just go to a community walk-in clinic and see whichever doctor is on duty
61%
56%
+5%
I rarely use health care services
25%
33%
-8% *
I generally just visit the emergency room if I need to see a family doctor
5%
6%
-1%
I primarily use alternative practitioners, such as naturopaths or homeopaths
3%
2%
+1%
Other
5%
2%
DK/ NS
0%
2%
2004 (n=632)
2003 (n=652)
Base: Do not currently have a family doctor
* Denotes statistically significant change

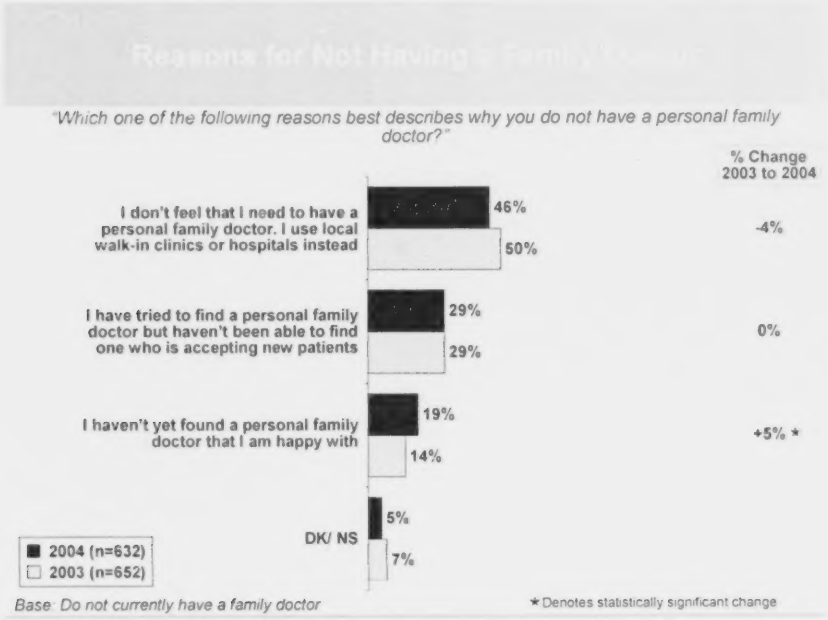
- Those significantly more likely to go to a community walk-in clinic include Albertans aged 18 to 34 years (64%) vs. those aged 55+ (44%).

Reasons for Not Having a Family Doctor

Why don't 16% of Albertans have a personal family doctor?

Half of those without a family doctor are actively trying to find a doctor, yet have not been successful. The other half does not see the need for a family doctor when they can use community walk-in clinics or hospitals instead.

Slightly less than one-half (46%, compared to 50% last year) of Albertans who do not currently have a personal family doctor explain that they do not feel the need to have a family doctor because they use local community walk-in clinics or hospitals instead. The other half of respondents say they do not have a family doctor because they have not been able to find one who is accepting new patients (29%, similar to 29% in 2003) or that they have not yet found one with whom they are happy (19%, significantly higher than 14% in 2003).


"Which one of the following reasons best describes why you do not have a personal family doctor?"
% Change 2003 to 2004
I don't feel that I need to have a personal family doctor. I use local walk-in clinics or hospitals instead
46%
50%
-4%
I have tried to find a personal family doctor but haven't been able to find one who is accepting new patients
29%
29%
0%
I haven't yet found a personal family doctor that I am happy with
19%
14%
+5% *
DK/ NS
5%
7%
2004 (n=632)
2003 (n=652)
Base: Do not currently have a family doctor
* Denotes statistically significant change

- Those more likely to feel they do not need a family doctor tend to be males (54%), 18 to 34 years (52%), those with annual household incomes of <$30K (60%), and those who are self-reportedly in excellent/very good health (50%).
- Those more likely to report they have not been able to find a family doctor who is accepting new patients include females (41%) and those with an annual household income of $60K+ (37%).

Frequency of Interaction with Family Doctors

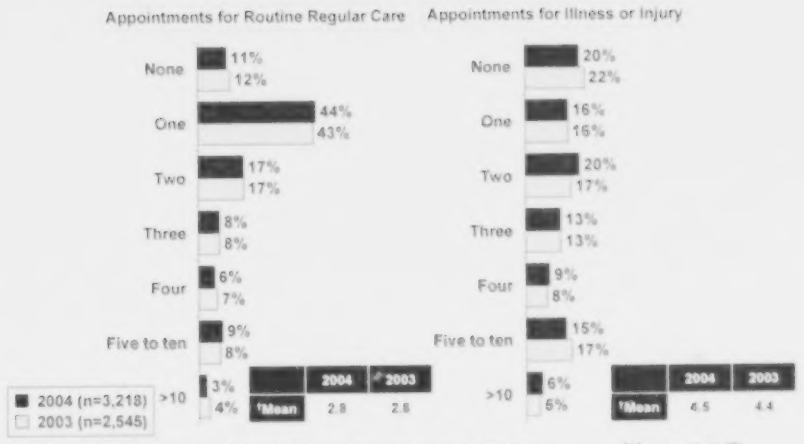
Albertans are visiting their family doctors an average of six times each year.

A total of 84% of Albertans have a personal family doctor and a total of 68% of Albertans have had an appointment with their family doctor this past year, significantly higher than 62% in 2003. The average number of overall visits made to family doctors' offices for routine care or illness/injury has remained fairly stable over the past year (6.2 times in 2004 vs. 5.9 times in 2003).

With respect to appointments for routine regular care, 89% of Albertans who have a family doctor saw their doctor for these reasons, similar to 88% in 2003. The proportion of Albertans with family doctors who had appointments for illnesses or injury is slightly lower (80% in 2004 and 78% in 2003).

Respondents tend to see their family doctors more often for illnesses or injuries (mean of 4.5 appointments/year) than for routine regular care (mean of 2.8 visits/year).

"And within the past year, approximately how many times did you have an appointment with your present personal family doctor for ?"



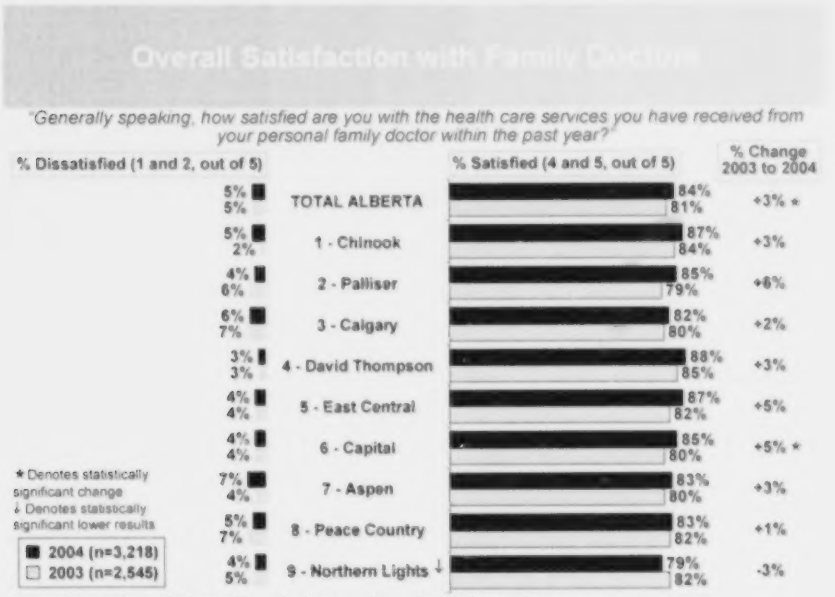
Base: Have a family doctor and have had an appointment within the past year *†Means exclude "0"*

Overall Satisfaction with Family Doctors

Overall satisfaction with family doctors is significantly higher than for most other health care service delivery areas and has improved over the past year.

A solid majority (84%) of Albertans who have a family doctor and has visited their family doctor this past year express satisfaction with the services they received. Just 5% are dissatisfied with family doctor services, and 11% are neutral (ratings of 3 out of 5). Even though satisfaction with family doctors is stronger than that expressed for most other health care service delivery areas evaluated in this study, it has still significantly improved 3% over the past year. An improvement in satisfaction with family doctors is also significant in Health Region 6-Capital (5% increase).

Across regions, satisfaction with family doctors is significantly lower in Health Region 9-Northern Lights (79%).


Overall Satisfaction with Family Doctors
"Generally speaking, how satisfied are you with the health care services you have received from your personal family doctor within the past year?"
% Dissatisfied (1 and 2, out of 5)
% Satisfied (4 and 5, out of 5)
% Change 2003 to 2004
TOTAL ALBERTA 5% 5% 84% 81% +3% *
1 - Chinook 5% 2% 87% 84% +3%
2 - Palliser 4% 6% 85% 79% +6%
3 - Calgary 6% 7% 82% 80% +2%
4 - David Thompson 3% 3% 88% 85% +3%
5 - East Central 4% 4% 87% 82% +5%
6 - Capital 4% 4% 85% 80% +5% *
7 - Aspen 7% 4% 83% 80% +3%
8 - Peace Country 5% 7% 83% 82% +1%
9 - Northern Lights ↓ 4% 5% 79% 82% -3%
* Denotes statistically significant change
↓ Denotes statistically significant lower results
2004 (n=3,218)
2003 (n=2,545)

Base: Have a family doctor and have had an appointment within the past year

Those more likely to be satisfied with their family doctor include:

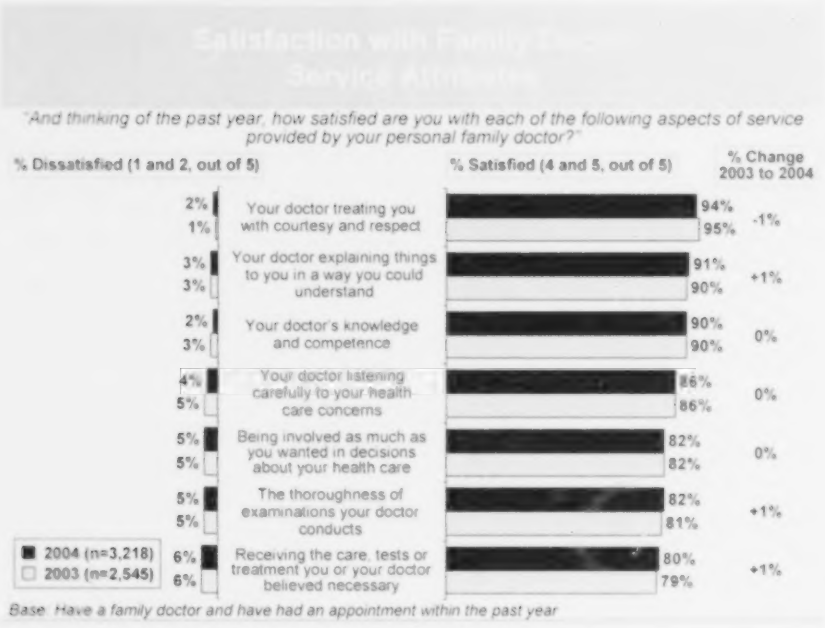
- Those who have been with their family doctor for 10+ years (85%) vs. <10 years (81%);
- Those aged 55+ (88%); and
- Those in excellent/very good health (88%).

Satisfaction with Family Doctor Service Attributes

Albertans who had an appointment with their personal family doctor within the past year were further asked to evaluate their satisfaction with 13 service attributes related to family doctors.

Satisfaction with specific aspects of service provided by family doctors remains strong, yet timeliness continues to be an opportunity for improvement.

At least nine-in-ten respondents express satisfaction with family doctors treating them with courtesy and respect (94%), explaining things in a way they can understand (91%), or with their doctor's knowledge and competence (90%). Satisfaction is also strong for doctors listening to concerns (86%), involving patients in decisions (82%), conducting thorough examinations (82%), or receiving appropriate tests and treatments (80%). Satisfaction with these service attributes has not significantly changed since last year.


"And thinking of the past year, how satisfied are you with each of the following aspects of service provided by your personal family doctor?"
% Dissatisfied (1 and 2, out of 5)
% Satisfied (4 and 5, out of 5)
% Change 2003 to 2004
Your doctor treating you with courtesy and respect
2% 1% 94% 95% -1%
Your doctor explaining things to you in a way you could understand
3% 3% 91% 90% +1%
Your doctor's knowledge and competence
2% 3% 90% 90% 0%
Your doctor listening carefully to your health care concerns
4% 5% 86% 86% 0%
Being involved as much as you wanted in decisions about your health care
5% 5% 82% 82% 0%
The thoroughness of examinations your doctor conducts
5% 5% 82% 81% +1%
Receiving the care, tests or treatment you or your doctor believed necessary
6% 6% 80% 79% +1%
2004 (n=3,218)
2003 (n=2,545)

Base: Have a family doctor and have had an appointment within the past year

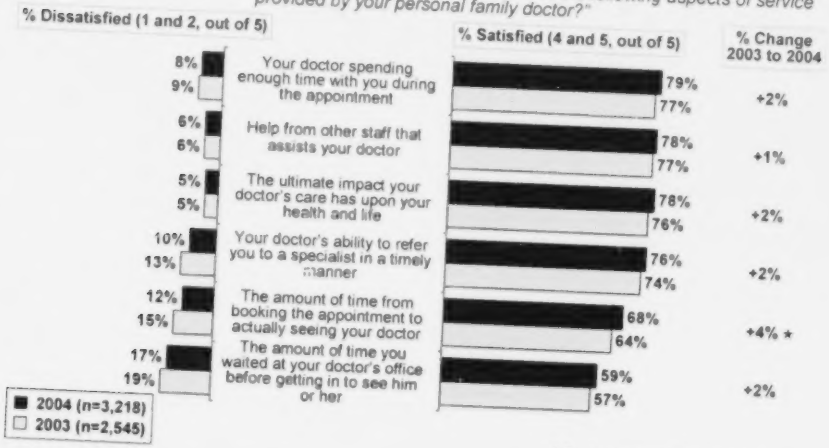
(. . . continued)

Further, more than three-quarters of respondents say they are satisfied with their doctor spending enough time with them (79%), with help from other staff (78%), with the outcomes resulting from the family doctor's care (78%), and with their doctor's ability to make timely referrals (76%). These strong satisfaction levels have not wavered much since last year.

Satisfaction is relatively lower with respect to the amount of time it took to book the appointment (68%), although this has significantly improved since last year (64%), and with the amount of time spent waiting at doctors' offices before appointments (59%, similar to 57% in 2003).

Satisfaction with Family Doctor Service Attributes (cont'd)

"And thinking of the past year, how satisfied are you with each of the following aspects of service provided by your personal family doctor?"



★ Denotes statistically significant change

Base: Have a family doctor and have had an appointment within the past year

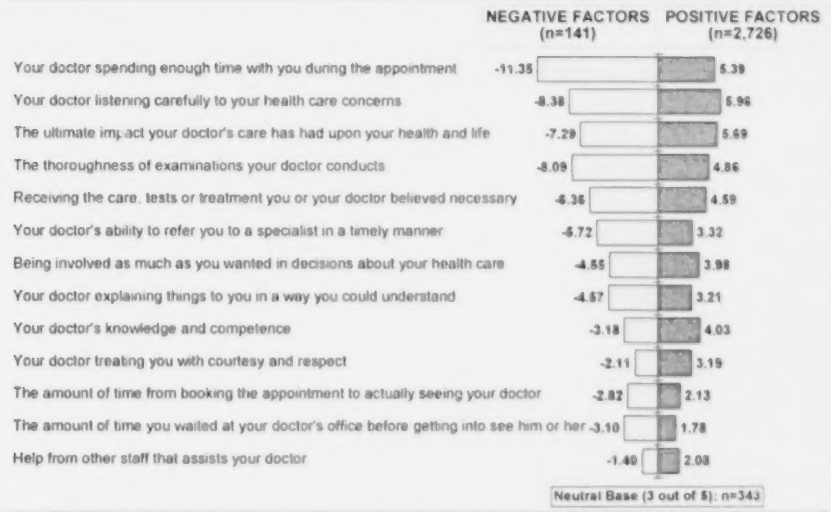
Factors Associated with Satisfaction with Family Doctors

A penalty-reward analysis of the factors associated with satisfaction and dissatisfaction with family doctor services Albertans have received was also conducted.

The most important areas of improvement with family doctors relate to spending enough time with patients, listening to patients' health concerns, outcomes, the thoroughness of examinations, and receiving the tests and treatment required.

Albertans express strong satisfaction with the key factors associated with overall satisfaction with family doctors. In this respect, maintaining the current service levels in these areas will be crucial to sustaining the present high levels of satisfaction with family doctors: spending enough time with patients; listening to patients' health concerns; outcomes; the thoroughness of examinations; and providing required tests and treatment.

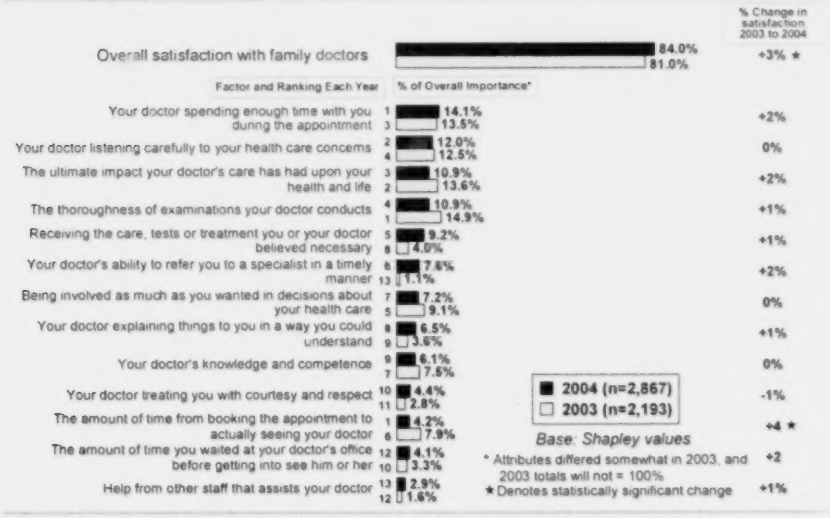
The service attributes related to timeliness issues (booking appointments, waiting at doctors' offices), which receive the lowest levels of satisfaction, are not as strongly linked to overall satisfaction with family doctors as other factors. Thus, while room for improvement in these areas exist, focusing heavily on increasing satisfaction in these areas will not ultimately impact overall satisfaction with family doctors to a significant degree.


NEGATIVE FACTORS (n=141)
POSITIVE FACTORS (n=2,726)
Your doctor spending enough time with you during the appointment
-11.35
5.39
Your doctor listening carefully to your health care concerns
-8.38
5.96
The ultimate impact your doctor's care has had upon your health and life
-7.29
5.69
The thoroughness of examinations your doctor conducts
-8.09
4.86
Receiving the care, tests or treatment you or your doctor believed necessary
-6.36
4.59
Your doctor's ability to refer you to a specialist in a timely manner
-5.72
3.32
Being involved as much as you wanted in decisions about your health care
-4.55
3.98
Your doctor explaining things to you in a way you could understand
-4.57
3.21
Your doctor's knowledge and competence
-3.18
4.03
Your doctor treating you with courtesy and respect
-2.11
3.19
The amount of time from booking the appointment to actually seeing your doctor
-2.82
2.13
The amount of time you waited at your doctor's office before getting into see him or her
-3.10
1.78
Help from other staff that assists your doctor
-1.40
2.08
Neutral Base (3 out of 5): n=343

HCA

Comparing the Importance of Factors Associated with Satisfaction with Family Doctors: 2004 vs. 2003

Overall satisfaction with family doctors has significantly **improved** over the past year.



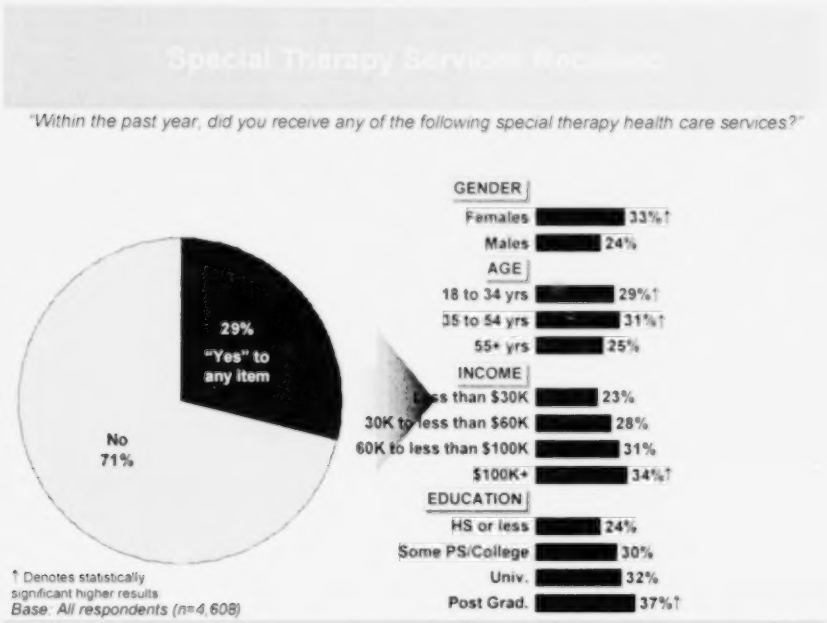
When comparing the relative importance of factors associated with overall satisfaction with family doctors in 2004 and 2003, the key differences to note are:

- Overall satisfaction with family doctors has significantly improved since 2003. This can likely be partially a result of seeing slight improvements across an array of attributes related to overall satisfaction with family doctors.
- The top four factors associated with overall satisfaction with family doctors have not changed over the past year.

SPECIAL THERAPY SERVICES

Special therapy services are being used by three-in-ten Albertans.

This past year[6], 29% of Albertans have received special therapy services such as chiropractic services, massage therapy, physical therapy, occupational therapy or speech therapy.



Those predominantly more likely to have received special therapy services include:

- Females (33%) vs. males (24%);
- Albertans aged 18 to 34 years (29%) or 35 to 54 years (31%) vs. Albertans aged 55+ (25%);
- Those with an annual household income of $100K+ (34%) vs. those with an annual household income <$30K (23%); and
- Those with a post-graduate degree (37%) vs. those with a high school education or less (24%)

---

6 Tracking data is not available. A different base was used to measure interaction with special therapy services in 2003 and is not comparable to results in 2004.

SPECIAL THERAPY SERVICES

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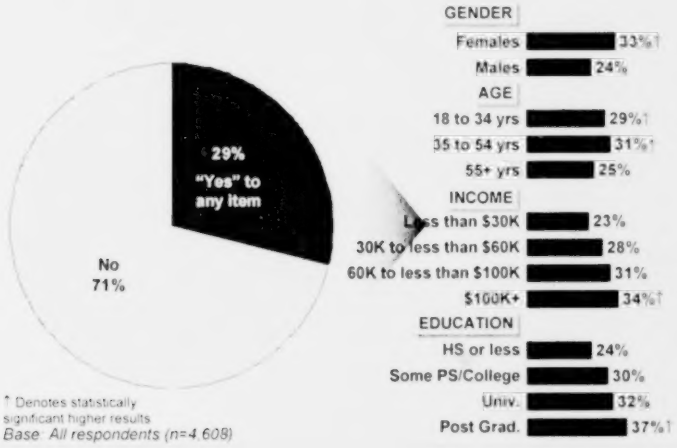
This past year[6], 29% of Albertans have received special therapy services such as chiropractic services, massage therapy, physical therapy, occupational therapy or speech therapy.

"Within the past year, did you receive any of the following special therapy health care services?"



↑ Denotes statistically significant higher results
Base: All respondents (n=4,608)

Those predominantly more likely to have received special therapy services include:

- Females (33%) vs. males (24%);
- Albertans aged 18 to 34 years (29%) or 35 to 54 years (31%) vs. Albertans aged 55+ (25%);
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---

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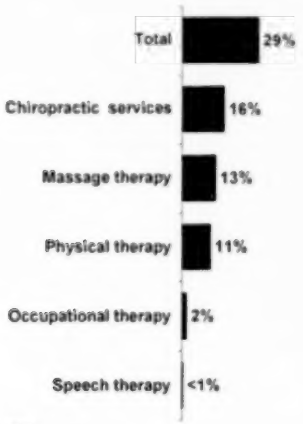
Interaction with Special Therapy Services

Interaction with chiropractic services (16%), massage therapy (13%) and physical therapy (2%) is greater than interaction levels with occupational therapy (2%) or speech therapy (<1%).

Interaction with Special Therapy Services

"Within the past year, did you receive any of the following special therapy health care services?"



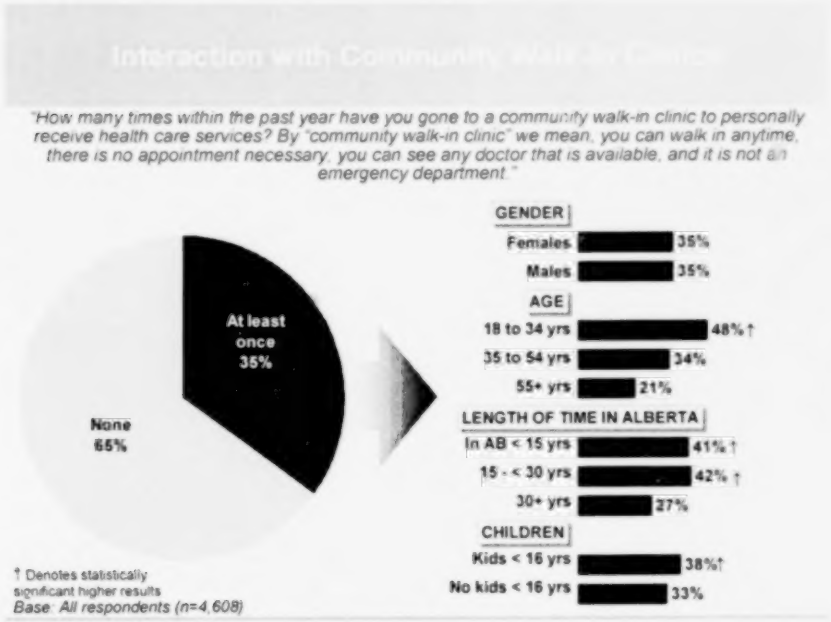
Base: All respondents (n=4,608)

COMMUNITY WALK-IN CLINICS

Interaction with Community Walk-In Clinics

Community walk-in clinics provide service to more than one-third of Albertans.

Thirty-five percent (35%) of Albertans have gone to a community walk-in clinic to personally receive health care services within the past year. Community walk-in clinics were defined as, "you can walk in anytime, there is no appointment necessary, you can see any doctor that is available, and it is not an emergency department."


Interaction with Community Walk-In Clinics
"How many times within the past year have you gone to a community walk-in clinic to personally receive health care services? By "community walk-in clinic" we mean, you can walk in anytime, there is no appointment necessary, you can see any doctor that is available, and it is not an emergency department."
At least once 35%
None 65%
GENDER
Females 35%
Males 35%
AGE
18 to 34 yrs 48%↑
35 to 54 yrs 34%
55+ yrs 21%
LENGTH OF TIME IN ALBERTA
In AB < 15 yrs 41%↑
15 - < 30 yrs 42%↑
30+ yrs 27%
CHILDREN
Kids < 16 yrs 38%↑
No kids < 16 yrs 33%
↑ Denotes statistically significant higher results
Base: All respondents (n=4,608)

Albertans who are significantly more likely to report having gone to a community walk-in clinic within the past year tend to be:

- Those aged 18 to 34 (48%) vs. 21% among those aged 55+;
- Those residing in Alberta for <15 years (41%) and between 15 to <30 years (42%) versus 27% among those residing in Alberta for 30+ years; and
- Parents of children aged 16 or younger (38% versus 33% among those without children <16 years at home).

Confirmed Interaction with Community Walk-In Clinics

The 2004 survey included an additional step not used in the 2003 survey. The first step asked Albertans whether they had been to a community walk-in clinic within the past year. The additional step used in 2004 involved confirming interaction with community walk-in clinics by defining these clinics for respondents, "by community walk-in clinic we mean, you can walk in anytime, there is no appointment necessary, you can see any doctor that is available, and it is not an emergency department."

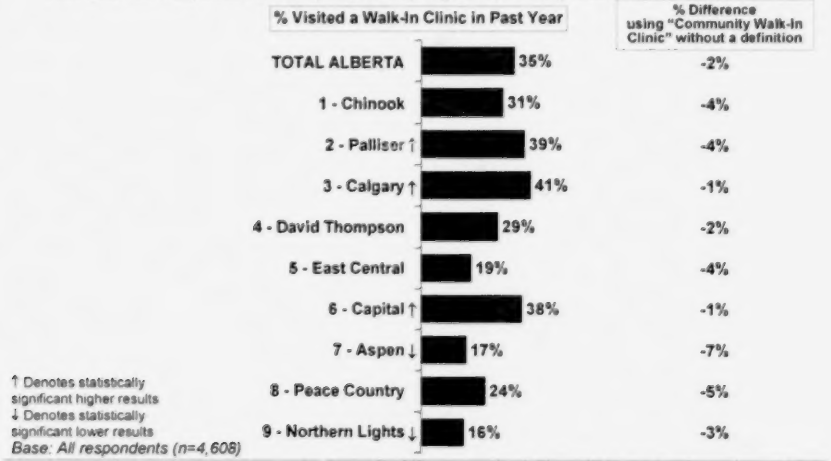
> In this report, analyses related to community walk-in clinics are based on respondents confirming that they have gone to a community walk-in clinic of this nature.

Using the confirmation approach to measuring interaction with community walk-in clinics eliminated two percent of Albertans who originally believed they went to a community walk-in clinic, but changed their response based on the definition provided. Without providing a definition, 37% of Albertans report having gone to a community walk-in clinic within the past year. When a definition is provided, 35% confirm they have gone to a community walk-in clinic this past year. Residents in Health Region 7-Aspen were somewhat more likely than others to have changed their minds (7% decrease overall).

Across health regions, confirmed interaction with community walk-in clinics is significantly higher in Health Regions 2-Palliser (39%), 3-Calgary (41%) and 6-Capital (38%). Conversely, confirmed interaction with community walk-in clinics is significantly lower in Health Regions 7-Aspen (17%) and 9-Northern Lights (16%).

Confirmed Interaction with Community Walk-In Clinics

"By "community walk-in clinic" we mean you can walk in anytime, there is no appointment necessary, you can see any doctor that is available, and it is not an emergency department. For the type of community walk-in clinic I just described, how many times within the past year did you go and personally receive health care services?"


% Visited a Walk-In Clinic in Past Year
% Difference using "Community Walk-In Clinic" without a definition
TOTAL ALBERTA 35% -2%
1 - Chinook 31% -4%
2 - Palliser ↑ 39% -4%
3 - Calgary ↑ 41% -1%
4 - David Thompson 29% -2%
5 - East Central 19% -4%
6 - Capital ↑ 38% -1%
7 - Aspen ↓ 17% -7%
8 - Peace Country 24% -5%
9 - Northern Lights ↓ 16% -3%
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
Base: All respondents (n=4,608)

Access to Community Walk-In Clinics

Six-in-ten Albertans say that access to community walk-in clinics is easy.

Among Albertans who personally received services from community walk-in clinics within the past year, 60% say it was easy to obtain health care services from these clinics compared to 14% who say it was difficult to access community walk-in clinic services. An additional 27% rated access in this area as moderate (ratings of 3 out of 5).

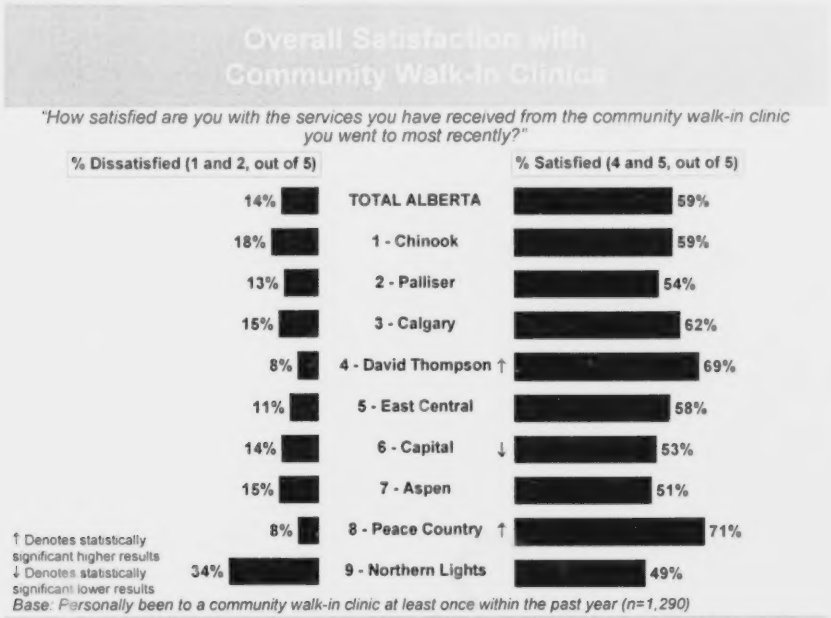
The ease of accessing community walk-in clinics does not vary significantly across health regions; however, residents in Health Region 9-Northern Lights are significantly more likely to say it was difficult (35%) to access community walk-in clinics.

Overall Satisfaction with Community Walk-in Clinics

Satisfaction with community walk-in clinics is relatively weak in comparison to most other health care service areas evaluated.

Six-in-ten (59%) Albertans who have been to a community walk-in clinic this past year are satisfied overall with the services they received. A total of 14% of respondents express dissatisfaction with services received from community walk-in clinics and 27% were neutral (ratings of 3 out of 5).

When comparing health regions, satisfaction with community walk-in clinics is significantly higher in Health Regions 8-Peace Country (71%) and 4-David Thompson (69%), and satisfaction is significantly lower in Health Region 6-Capital (53%).

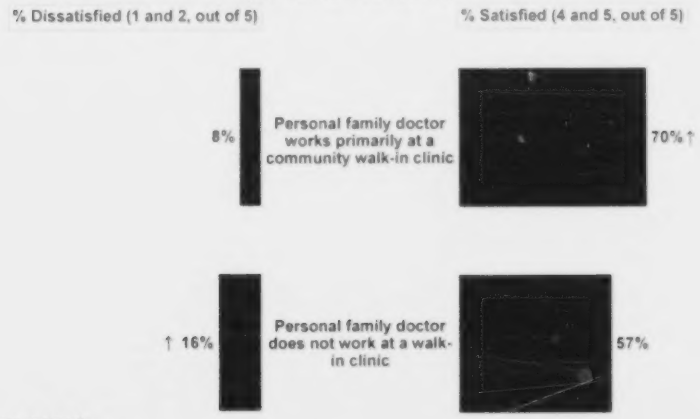

Overall Satisfaction with Community Walk-in Clinics
"How satisfied are you with the services you have received from the community walk-in clinic you went to most recently?"
% Dissatisfied (1 and 2, out of 5)
% Satisfied (4 and 5, out of 5)
14% TOTAL ALBERTA 59%
18% 1 - Chinook 59%
13% 2 - Palliser 54%
15% 3 - Calgary 62%
8% 4 - David Thompson ↑ 69%
11% 5 - East Central 58%
14% 6 - Capital ↓ 53%
15% 7 - Aspen 51%
8% 8 - Peace Country ↑ 71%
34% 9 - Northern Lights 49%
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
Base: Personally been to a community walk-in clinic at least once within the past year (n=1,290)

Satisfaction with Community Walk-In Clinics by Location of Family Doctor Practice

Satisfaction with community walk-in clinics is significantly higher among Albertans whose family doctors work primarily at community walk-in clinics.

Satisfaction with community walk-in clinics reaches 70% among Albertans who have a personal family doctor who works primarily at a community walk-in clinic. In comparison, satisfaction with community walk-in clinics is significantly lower at 57% among those whose family doctor does not work at a walk-in clinic.

"How satisfied are you with the services you have received from the community walk-in clinic you went to most recently?"


% Dissatisfied (1 and 2, out of 5)
% Satisfied (4 and 5, out of 5)
8%
Personal family doctor works primarily at a community walk-in clinic
70% ↑
↑ 16%
Personal family doctor does not work at a walk-in clinic
57%

↑ Denotes statistically significant higher results

Base: Visited a community walk-in clinic within the past year and has a personal family doctor (n=1,036)

Satisfaction with Service Attributes

Albertans who personally received services from community walk-in clinics were further asked to evaluate their satisfaction with 12 service attributes related to community walk-in clinics.

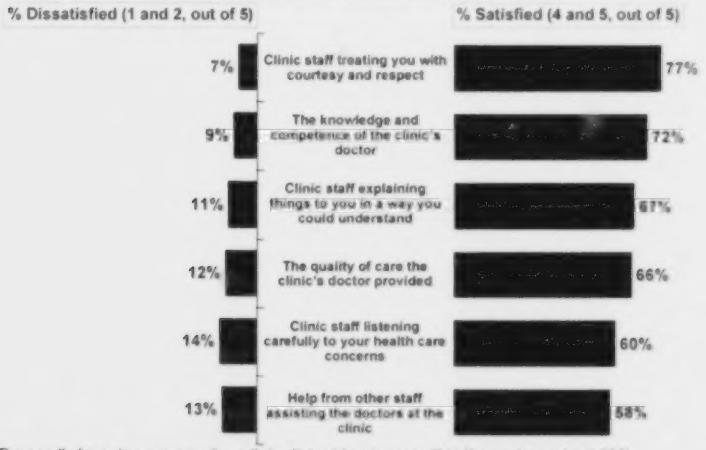
Respondents are most satisfied with the courteousness they received at community walk-in clinics; however, satisfaction is low with respect to the timeliness of receiving care.

When assessing satisfaction with various service attributes of community walk-in clinics, measurements are relatively higher for clinic staff treating patients with courtesy and respect (77%) and for the knowledge and competence of the clinic's doctor (72%).

Next, two-thirds of respondents are satisfied with the clinic's staff explaining things in a way they could understand (67%) and with the quality of care the clinic's doctor provided (66%). Satisfaction is relatively lower, however, with respect to the clinic's staff listening carefully to health care concerns (60%), help from other staff assisting the doctors at the clinic (58%), and with the thoroughness of examinations the clinic's doctor conducted (58%).

Satisfaction with Community Walk-In Clinic Service Attributes

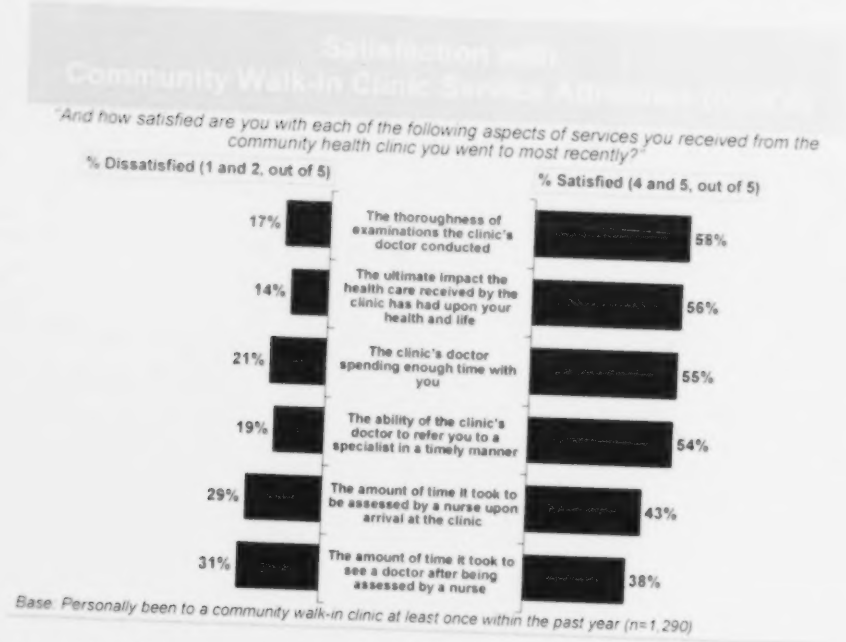
"And how satisfied are you with each of the following aspects of services you received from the community health clinic you went to most recently?"


% Dissatisfied (1 and 2, out of 5)
% Satisfied (4 and 5, out of 5)
7%
Clinic staff treating you with courtesy and respect
77%
9%
The knowledge and competence of the clinic's doctor
72%
11%
Clinic staff explaining things to you in a way you could understand
67%
12%
The quality of care the clinic's doctor provided
66%
14%
Clinic staff listening carefully to your health care concerns
60%
13%
Help from other staff assisting the doctors at the clinic
58%

Base: Personally been to a community walk-in clinic at least once within the past year (n=1,290)

(. . . continued)

Slightly more than one-half of Albertans who visited a community walk-in clinic this past year are satisfied with the ultimate impact the care they received had upon their health and life (56%) and with the clinic's doctors spending enough time with them (55%). Further, just over one-half (54%) of respondents having gone to a community walk-in clinic within the past year are satisfied with the ability of the clinic's doctor to refer them to specialists in a timely manner.


"And how satisfied are you with each of the following aspects of services you received from the community health clinic you went to most recently?"
% Dissatisfied (1 and 2, out of 5)
% Satisfied (4 and 5, out of 5)
17%
The thoroughness of examinations the clinic's doctor conducted
58%
14%
The ultimate impact the health care received by the clinic has had upon your health and life
56%
21%
The clinic's doctor spending enough time with you
55%
19%
The ability of the clinic's doctor to refer you to a specialist in a timely manner
54%
29%
The amount of time it took to be assessed by a nurse upon arrival at the clinic
43%
31%
The amount of time it took to see a doctor after being assessed by a nurse
38%
Base: Personally been to a community walk-in clinic at least once within the past year (n=1,290)

Finally, a minority of this sub-set of Albertans is satisfied with the amount of time it took to be assessed by a nurse upon arrival at the clinic (43%) and with the amount of time it took to see a doctor after being assessed by a nurse (38%).

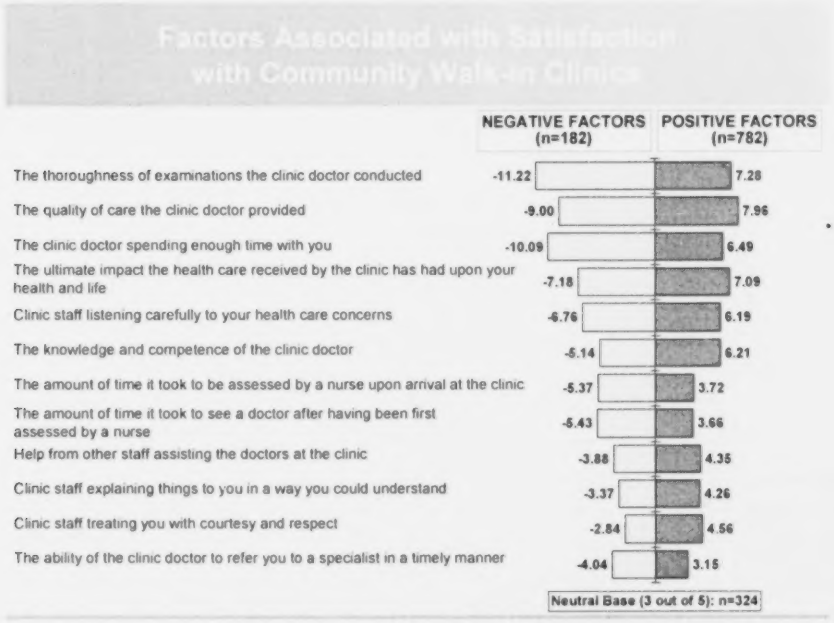
Factors Associated with Satisfaction with Community Walk-In Clinics

A penalty-reward analysis of the factors associated with satisfaction and dissatisfaction with community walk-in clinic services Albertans have received was also conducted.

The most important areas for improvement with community walk-in clinics relate to the thoroughness of examinations, the quality of care the clinic's doctor provided, the clinic's doctor spending enough time with patients, the ultimate impact the clinic's care has had upon patients' health and lives, and clinic staff listening carefully to Albertans' health care concerns.

Overall, satisfaction with the service attributes that have the greatest impact upon satisfaction with community walk-in clinics is moderate ranging from 66% to 55% and merit attention.

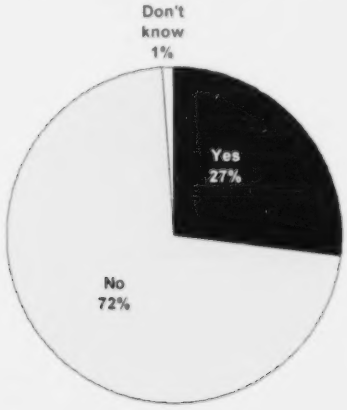
While satisfaction with the timeliness of receiving care at community walk-in clinics is significantly lower than satisfaction with other service attributes, these timeliness issues have a relatively lower impact on overall satisfaction with community walk-in clinics. Other service issues such as general help from other staff, staff explanations, courteousness, and the ability of doctors to refer patients to specialists in a timely manner also have a relatively lower impact upon overall satisfaction with community walk-in clinics.


NEGATIVE FACTORS (n=182)
POSITIVE FACTORS (n=782)
The thoroughness of examinations the clinic doctor conducted
-11.22
7.28
The quality of care the clinic doctor provided
-9.00
7.96
The clinic doctor spending enough time with you
-10.09
6.49
The ultimate impact the health care received by the clinic has had upon your health and life
-7.18
7.09
Clinic staff listening carefully to your health care concerns
-6.76
6.19
The knowledge and competence of the clinic doctor
-5.14
6.21
The amount of time it took to be assessed by a nurse upon arrival at the clinic
-5.37
3.72
The amount of time it took to see a doctor after having been first assessed by a nurse
-5.43
3.66
Help from other staff assisting the doctors at the clinic
-3.88
4.35
Clinic staff explaining things to you in a way you could understand
-3.37
4.26
Clinic staff treating you with courtesy and respect
-2.84
4.56
The ability of the clinic doctor to refer you to a specialist in a timely manner
-4.04
3.15
Neutral Base (3 out of 5): n=324

Family Doctors Located at Community Walk-In Clinics

Of those who have visited a community walk-in clinic within the past year and have a personal family doctor, 27% indicate that their personal family doctor works primarily at a community walk-in clinic.

"Does your personal family doctor work primarily at a walk-in clinic?"



Base: Visited a community walk-in clinic within the past year and has a personal family doctor (n=1,036)

Those more likely to indicate that their personal family doctor works primarily at a community walk-in clinic include:

- Males (33%) vs. females (23%);
- Those with an annual household income of <$30K (36%) vs. those with an annual household income of $100K+;
- Those in fair/poor health (34%) vs. those in excellent/very good health (23%); and
- Albertans with a high school education or less (36%).

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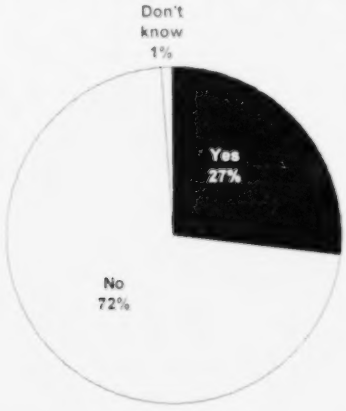


Base: Visited a community walk-in clinic within the past year and has a personal family doctor (n=1,036)

Those more likely to indicate that their personal family doctor works primarily at a community walk-in clinic include:

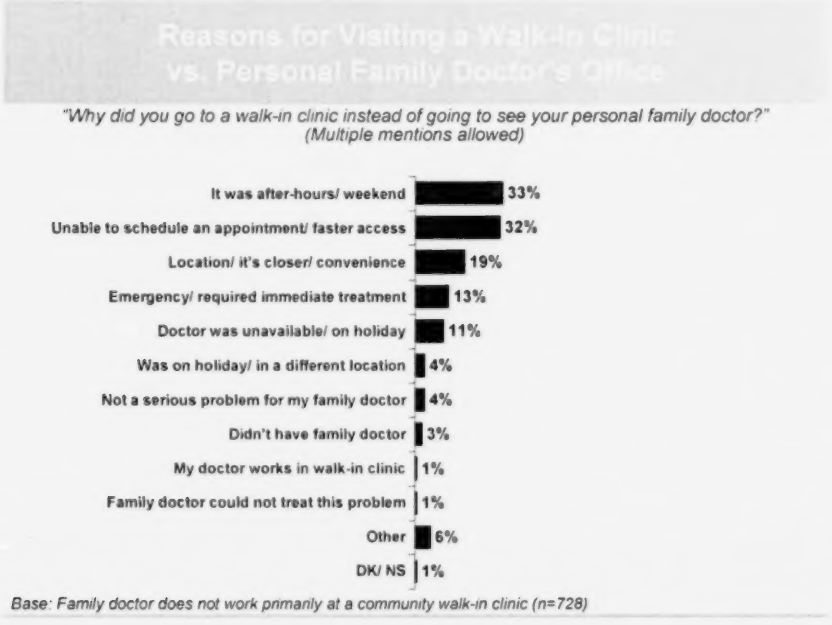
- Males (33%) vs. females (23%);
- Those with an annual household income of <$30K (36%) vs. those with an annual household income of $100K+;
- Those in fair/poor health (34%) vs. those in excellent/very good health (23%); and
- Albertans with a high school education or less (36%).

Reasons for Visiting a Community Walk-In Clinic vs. a Family Doctor

Albertans who went to a community walk-in clinic and who have a personal family doctor who does *not* work at a community walk-in clinic were asked to explain why they went to a clinic instead of to their family doctor's office.

Albertans are going to community walk-in clinics because of a lack of access to their own doctors' offices.

Most Albertans (84%) have a personal family doctor, but seek health care from community walk-in clinics because they needed help after their doctors' office hours (33%), were unable to schedule an appointment (32%) or found it more convenient to just seek assistance from a clinic (19%).


Reasons for Visiting a Walk-In Clinic
vs. Personal Family Doctor's Office
"Why did you go to a walk-in clinic instead of going to see your personal family doctor?"
(Multiple mentions allowed)
It was after-hours/ weekend 33%
Unable to schedule an appointment/ faster access 32%
Location/ it's closer/ convenience 19%
Emergency/ required immediate treatment 13%
Doctor was unavailable/ on holiday 11%
Was on holiday/ in a different location 4%
Not a serious problem for my family doctor 4%
Didn't have family doctor 3%
My doctor works in walk-in clinic 1%
Family doctor could not treat this problem 1%
Other 6%
DK/ NS 1%
Base: Family doctor does not work primarily at a community walk-in clinic (n=728)

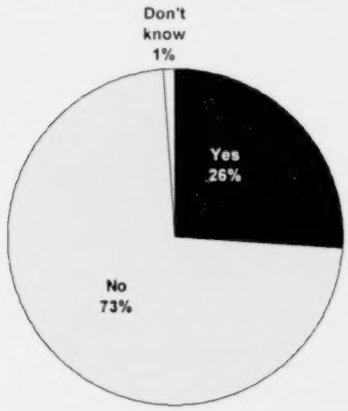
Others report that they could not wait because their situation required immediate treatment (13%), their doctor was unavailable or on holiday (11%), or that they personally were on holiday in a different location in Alberta (4%).

Family Doctor Involvement with Community Walk-In Clinic Visits

One-quarter of family doctors are involved with patient care for the same problems that sent their patients to community walk-in clinics.

Twenty-six percent (26%) of Albertans who have a family doctor and who went to a community walk-in clinic this past year report that their family doctor was involved with their care around the same time and for the same health problem that sent them to the community walk-in clinic.

"Was your personal family doctor involved with your care around the same time and for the same health problem that sent you to the walk-in clinic?"



Base: Family doctor does not work primarily at a community walk-in clinic (n=728)

EMERGENCY ROOM SERVICES

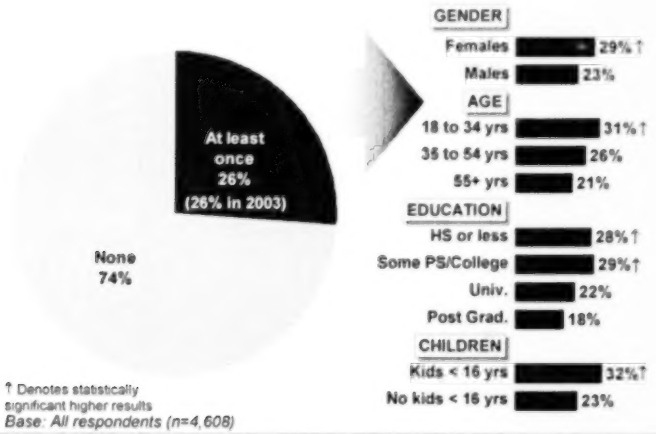
Interaction with ER Services

One-in-four Albertans are using ER services.

Two-in-ten (21%) Albertans have gone to an emergency room in Alberta within the past year to receive care for an illness or injury for themselves, and 18% have gone to seek care for an illness or injury for a close family member. Overall, 26% of Albertans have accessed emergency room services within the past year.

Visits to Emergency Rooms

"How many times have you gone to an emergency room in Alberta within the past year to receive care for an illness or injury for yourself or for a close family member?"



↑ Denotes statistically significant higher results
Base: All respondents (n=4,608)

Visits to emergency rooms are significantly more common among:

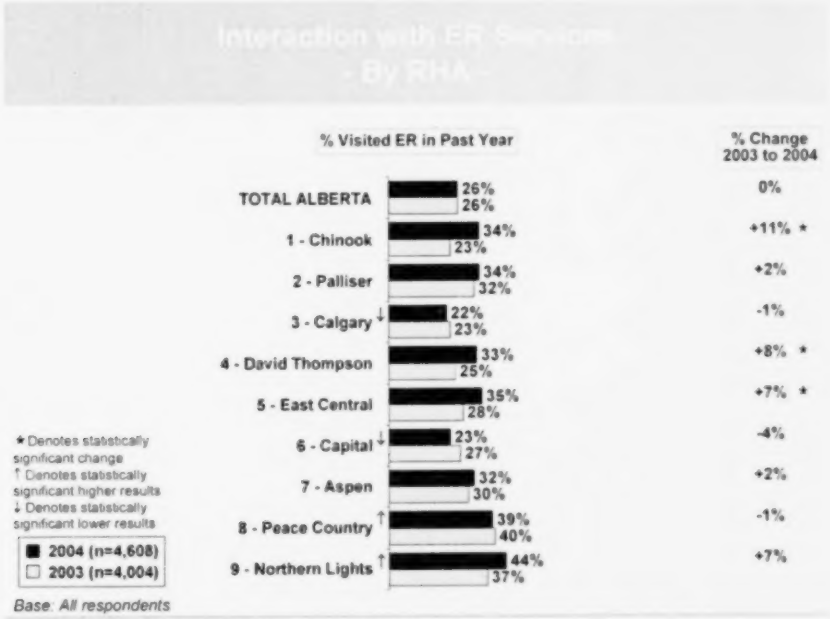
- Females (29%) vs. males (23%);
- Albertans aged 18 to 34 (31%) vs. those aged 55+ (21%);
- Those with a high school education or less (28%) and those with some post-secondary courses or a college diploma (29%) vs. those with a post-graduate degree (18%); and
- Parents of children aged 16 or younger (32%) vs. those without children <16 years (23%).

Interaction with ER Services by RHA

Overall interaction with ER services has not changed, but ER interaction in the Chinook, David Thompson and East Central Health Regions has significantly increased.

In total, 26% of Albertans have accessed emergency room services within the past 12 months, unchanged from 2003. Overall interaction with emergency room services, however, has significantly increased in Health Region 1-Chinook (from 23% in 2003 to 34% in 2004), Health Region 4-David Thompson (from 25% in 2003 to 33% in 2004), and Health Region 5-East Central (from 28% in 2003 to 35% in 2004).

Overall, interaction with ER services is significantly higher in Health Regions 9-Northern Lights (44%) and 8-Peace Country (39%) and is significantly lower in the urban Health Regions 3-Calgary (22%) and 6-Capital (23%).


% Visited ER in Past Year
% Change 2003 to 2004
TOTAL ALBERTA 26% 26% 0%
1 - Chinook 34% 23% +11% *
2 - Palliser 34% 32% +2%
3 - Calgary ↓ 22% 23% -1%
4 - David Thompson 33% 25% +8% *
5 - East Central 35% 28% +7% *
6 - Capital ↓ 23% 27% -4%
7 - Aspen 32% 30% +2%
8 - Peace Country ↑ 39% 40% -1%
9 - Northern Lights ↑ 44% 37% +7%
* Denotes statistically significant change
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
2004 (n=4,608)
2003 (n=4,004)

Base: All respondents

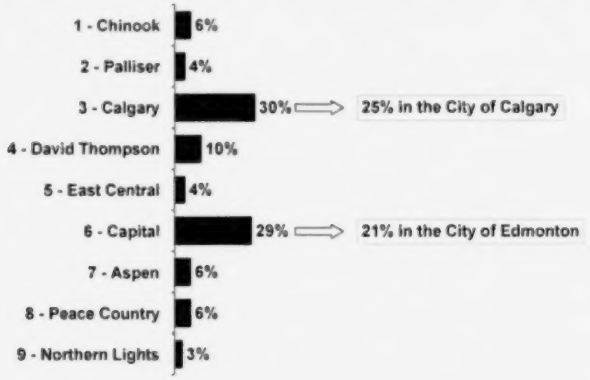
Location of ER Services Received

In order to identify whether Albertans have accessed emergency room services in their own health region or in another health region, respondents were asked to identify the city or town in which they most recently accessed emergency room services. The cities and towns were grouped by RHA according to Alberta Health and Wellness listings[7].

This past year, 30% of emergency room interaction took place in Health Region 3-Calgary (including 25% in the city of Calgary), and 29% in Health Region 6-Capital (including 21% in the city of Edmonton). One-in-ten (10%) Albertans who accessed emergency room services this past year say they went to Health Region 4-David Thompson, and 6% report having gone to Health Region 1-Chinook, Health Region 7-Aspen, or Health Region 8-Peace Country, respectively. Four percent of those interacted with emergency room services received this care in each of Health Regions 2-Palliser and 5-East Central, and 3% went to Health Region 9-Northern Lights (3%).

Location of ER Services Received

"In which city or town did you use the emergency room services you most recently accessed?"



Base: Interacted with ER services within the past year (n=1,353)

[7] http://www.health.gov.ab.ca/regions/pdf/communities_alpha.pdf

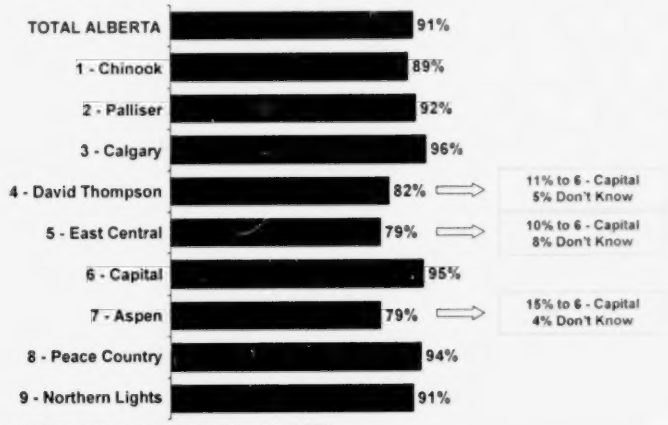
Proportion of ER Services Received within Own RHA

Most Albertans receive ER services in their own RHA, but some tend to travel to Health Region 6-Capital to seek ER services.

Are Albertans crossing RHA boundaries to seek emergency room services? Most (91%) Albertans who received emergency room services this past year accessed the services in their own RHA, particularly those residing in Health Regions 3-Calgary (96%) and 6-Capital (95%). Residents in Health Regions 5-East Central (79%) and 7-Aspen (79%) are relatively less likely to have accessed ER services in their own RHAs, with the majority of those going outside their own RHA for emergency care traveling to Health Region 6-Capital.

Proportion of ER Services Received Within Own RHA

"In which city or town did you use the emergency room services you most recently accessed?"



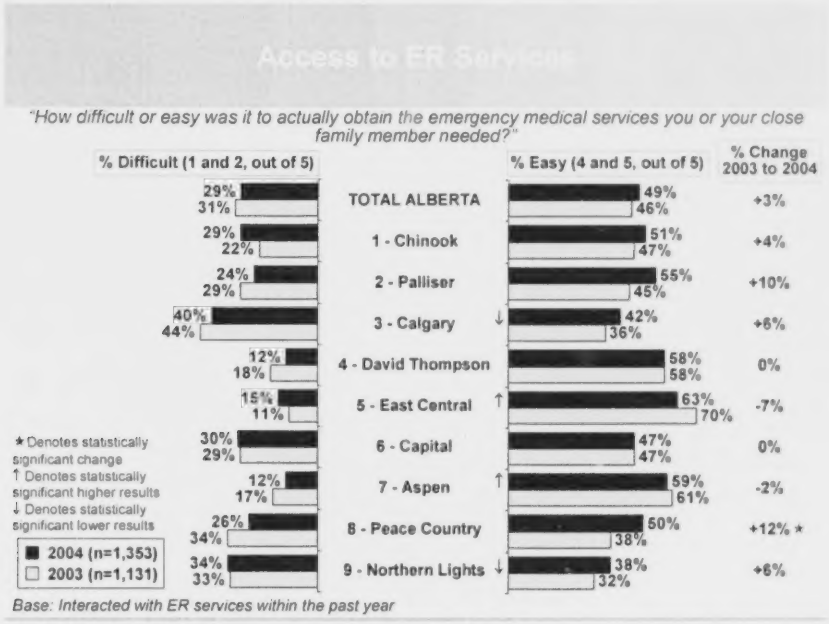
Base: Interacted with ER services within the past year (n=1,353)

Access to ER Services

Access to ER services has only slightly improved overall, but has significantly increased in Health Region 8-Peace Country.

Overall, access to ER services is rated relatively lower in comparison to access to many other health care service areas evaluated. Currently, 49% say it was easy to access ER services (compared to 46% in 2003). A significant improvement, however, is found in Health Region 8-Peace Country wherein 50% say access to ER services was easy in 2004, increased from 38% in 2003.

Currently, access to ER services is significantly more likely to be rated as easy among residents of Health Regions 5-East Central (63%) and 7-Aspen (59%). Residents in Health Regions 9-Northern Lights (38%) and 3-Calgary (42%) are significantly less likely to rate access to ER services as easy.

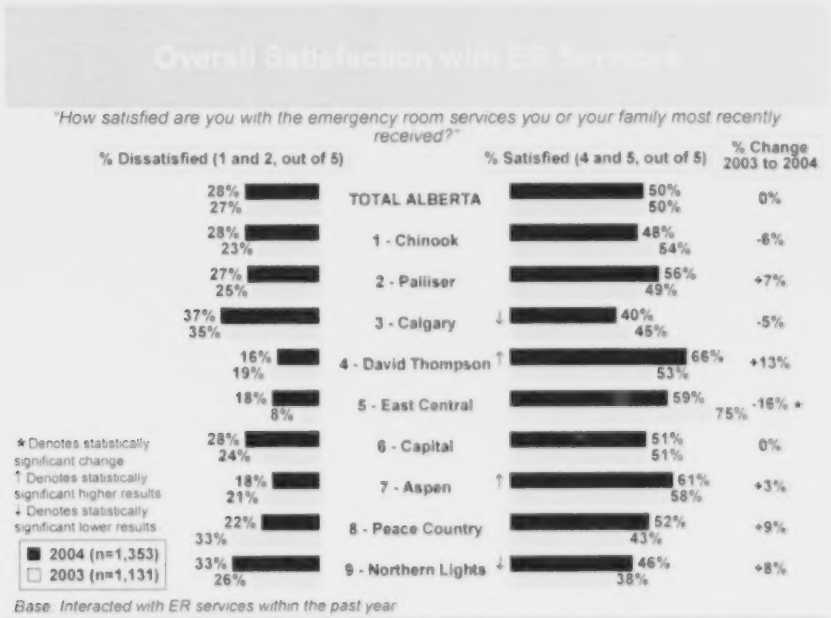

Access to ER Services
"How difficult or easy was it to actually obtain the emergency medical services you or your close family member needed?"
% Difficult (1 and 2, out of 5)
% Easy (4 and 5, out of 5)
% Change 2003 to 2004
TOTAL ALBERTA 29% 31% 49% 46% +3%
1 - Chinook 29% 22% 51% 47% +4%
2 - Palliser 24% 29% 55% 45% +10%
3 - Calgary ↓ 40% 44% 42% 36% +6%
4 - David Thompson 12% 18% 58% 58% 0%
5 - East Central ↑ 15% 11% 63% 70% -7%
6 - Capital 30% 29% 47% 47% 0%
7 - Aspen ↑ 12% 17% 59% 61% -2%
8 - Peace Country 26% 34% 50% 38% +12% ★
9 - Northern Lights ↓ 34% 33% 38% 32% +6%
★ Denotes statistically significant change
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
2004 (n=1,353)
2003 (n=1,131)
Base: Interacted with ER services within the past year

Overall Satisfaction with ER Services

Satisfaction with ER services has not changed since 2003. However, a significant decline in satisfaction with ER services is apparent in Health Region 5-East Central.

Among all health care service delivery areas evaluated, satisfaction with ER services ranks lowest. One-half (50%) of Albertans who have used emergency room services within the past year are satisfied with the services they received. Satisfaction levels have remained unchanged since 2003 (50%). Satisfaction levels with ER services have not significantly increased in any specific health region. Satisfaction with ER services has significantly decreased, on the other hand, in Health Region 5-East Central (16% decline).

Currently, overall satisfaction with ER services is significantly higher in Health Regions 4-David Thompson (66%) and 7-Aspen (61%), and is significantly lower in Health Regions 3-Calgary (40%) and 9-Northern Lights (46%).


"How satisfied are you with the emergency room services you or your family most recently received?"
% Dissatisfied (1 and 2, out of 5)
% Satisfied (4 and 5, out of 5)
% Change 2003 to 2004
TOTAL ALBERTA 28% 27% 50% 50% 0%
1 - Chinook 28% 23% 48% 54% -6%
2 - Palliser 27% 25% 56% 49% +7%
3 - Calgary ↓ 37% 35% 40% 45% -5%
4 - David Thompson ↑ 16% 19% 66% 53% +13%
5 - East Central 18% 8% 59% 75% -16% *
6 - Capital 28% 24% 51% 51% 0%
7 - Aspen ↑ 18% 21% 61% 58% +3%
8 - Peace Country 22% 33% 52% 43% +9%
9 - Northern Lights ↓ 33% 26% 46% 38% +8%
* Denotes statistically significant change
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
2004 (n=1,353)
2003 (n=1,131)

Base: Interacted with ER services within the past year

Satisfaction with ER services tends to be higher among:

- Albertans aged 55 years and older (60%) vs. those aged 18 to 34 years old (47%) and 35 to 54 years old (49%); and
- Those who have resided in Alberta for 30+ years (57%) vs. those who have resided in Alberta for <15 years (46%) and 15 to <30 years (45%).

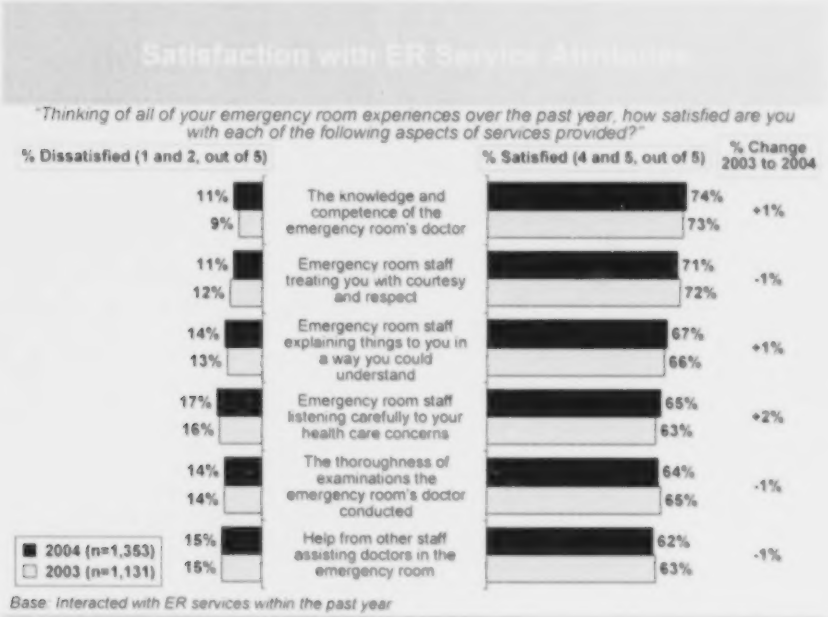
Satisfaction with ER Service Attributes

In order to better understand satisfaction with emergency room services, respondents who have received ER services were further asked to evaluate their satisfaction with a series of 11 service attributes related to emergency room services.

Satisfaction with specific ER service attributes has not changed significantly since last year. Satisfaction with competence, courtesy and general communications are ranked highest, while satisfaction is lower with the timeliness of receiving treatment and the explanations about the length of waits.

Almost three-quarters (74%) Albertans who have received ER services this past year are satisfied with the knowledge and competence of the emergency room's doctor, similar to last year's results (73%). Satisfaction is also relatively higher with the emergency room staff treating patients with courtesy and respect (71%, similar to 73% in 2003).

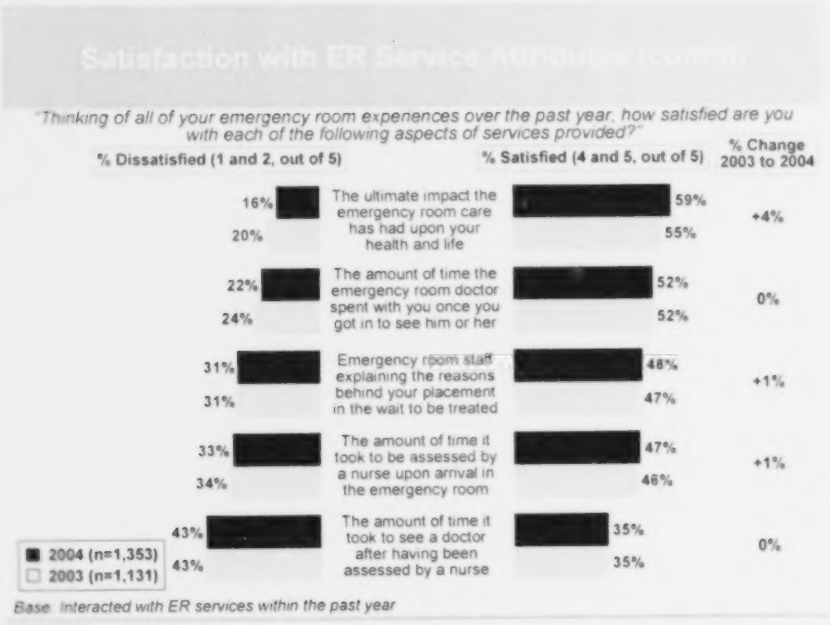
Two-thirds of respondents express satisfaction with ER staff explaining things in a way they could understand (67%, similar to 66% in 2003), and ER staff listening carefully to health care concerns (65%). Slightly less than two-thirds of respondents are satisfied with the thoroughness of examinations the ER's doctor conducted (64%), and with help from other staff assisting doctors in the emergency room (62%).



(. . . continued)

Next, 59% of Albertans who have received ER services this past year are satisfied with the ultimate impact the emergency room care has had upon their health and life. Just over one-half (52%) of respondents are satisfied with the amount of time the ER doctor spent with them once they got in to see him or her.

Satisfaction is relatively lower, however, among less than one-half of respondents with respect to ER staff explaining the reasons behind their placement in the wait to be treated (48%, similar to 47% in 2003), and with the amount of time it took to be assessed by a nurse upon arrival in the emergency room (47%). Finally, satisfaction is lowest for the amount of time it took to see a doctor after having been assessed by a nurse (35%, identical to 35% in 2003).


"Thinking of all of your emergency room experiences over the past year, how satisfied are you with each of the following aspects of services provided?"
% Dissatisfied (1 and 2, out of 5)
% Satisfied (4 and 5, out of 5)
% Change 2003 to 2004
16%
20%
The ultimate impact the emergency room care has had upon your health and life
59%
55%
+4%
22%
24%
The amount of time the emergency room doctor spent with you once you got in to see him or her
52%
52%
0%
31%
31%
Emergency room staff explaining the reasons behind your placement in the wait to be treated
48%
47%
+1%
33%
34%
The amount of time it took to be assessed by a nurse upon arrival in the emergency room
47%
46%
+1%
43%
43%
The amount of time it took to see a doctor after having been assessed by a nurse
35%
35%
0%
2004 (n=1,353)
2003 (n=1,131)

Base: Interacted with ER services within the past year

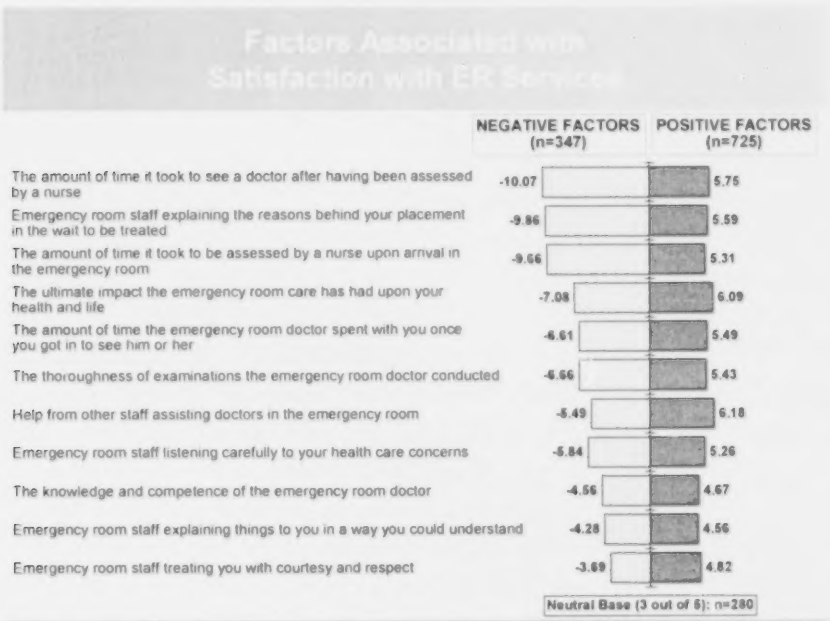
Factors Associated with Satisfaction with ER Services

A penalty-reward analysis of the factors associated with satisfaction and dissatisfaction with emergency room services Albertans have received was also conducted.

The most important areas of improvement with emergency room services relate to the timeliness of receiving treatment and explanations behind patients' placements in the wait to be treated.

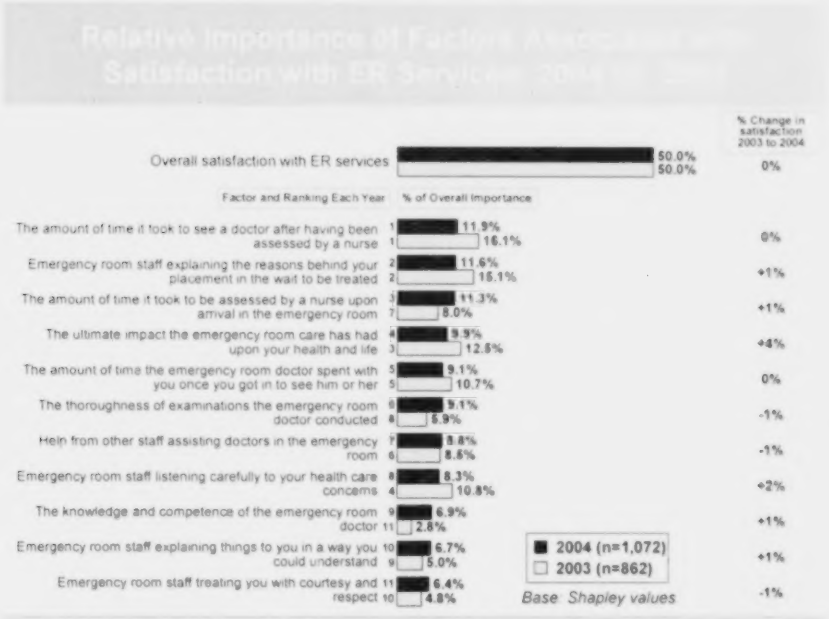
The main factors associated with satisfaction with ER services are the same three factors that receive the lowest satisfaction scores among all service attributes tested. Improving the timeliness of treatment in emergency rooms and improving communications related to explaining the reasons behind patients' placement in the wait to be treated are the key areas of improvement to help increase overall satisfaction with ER services.

The ER service attributes that Albertans are most satisfied with (competence, communications, courtesy and general communications) are relatively less important in terms of impacting overall satisfaction with ER services. Therefore, efforts to maintain current satisfaction levels in these areas should be ensured, but efforts to improve these areas are less of a priority.


Factors Associated with Satisfaction with ER Services
NEGATIVE FACTORS (n=347)
POSITIVE FACTORS (n=725)
The amount of time it took to see a doctor after having been assessed by a nurse
-10.07
5.75
Emergency room staff explaining the reasons behind your placement in the wait to be treated
-9.86
5.59
The amount of time it took to be assessed by a nurse upon arrival in the emergency room
-9.66
5.31
The ultimate impact the emergency room care has had upon your health and life
-7.08
6.09
The amount of time the emergency room doctor spent with you once you got in to see him or her
-6.61
5.49
The thoroughness of examinations the emergency room doctor conducted
-6.66
5.43
Help from other staff assisting doctors in the emergency room
-5.49
6.18
Emergency room staff listening carefully to your health care concerns
-5.84
5.26
The knowledge and competence of the emergency room doctor
-4.56
4.67
Emergency room staff explaining things to you in a way you could understand
-4.28
4.56
Emergency room staff treating you with courtesy and respect
-3.69
4.82
Neutral Base (3 out of 6): n=280

Comparing the Importance of Factors Associated with Satisfaction with ER Services: 2004 vs. 2003

Overall satisfaction with emergency room services has not significantly changed over the past year.


Relative Importance of Factors Associated with Satisfaction with ER Services: 2004 vs. 2003
% Change in satisfaction 2003 to 2004
Overall satisfaction with ER services
50.0%
50.0%
0%
Factor and Ranking Each Year
% of Overall Importance
The amount of time it took to see a doctor after having been assessed by a nurse
1 11.9%
1 16.1%
0%
Emergency room staff explaining the reasons behind your placement in the wait to be treated
2 11.6%
2 16.1%
+1%
The amount of time it took to be assessed by a nurse upon arrival in the emergency room
3 11.3%
7 8.0%
+1%
The ultimate impact the emergency room care has had upon your health and life
4 9.9%
3 12.8%
+4%
The amount of time the emergency room doctor spent with you once you got in to see him or her
5 9.1%
5 10.7%
0%
The thoroughness of examinations the emergency room doctor conducted
6 9.1%
6 8.9%
-1%
Help from other staff assisting doctors in the emergency room
7 8.8%
8 8.6%
-1%
Emergency room staff listening carefully to your health care concerns
8 8.3%
4 10.8%
+2%
The knowledge and competence of the emergency room doctor
9 6.9%
11 2.8%
+1%
Emergency room staff explaining things to you in a way you could understand
10 6.7%
9 5.0%
+1%
Emergency room staff treating you with courtesy and respect
11 6.4%
10 4.8%
-1%
2004 (n=1,072)
2003 (n=862)
Base: Shapley values

When comparing the relative importance of factors associated with overall satisfaction with ER services in 2004 and 2003, the key differences to note are:

- Overall satisfaction with ER services has not significantly improved since 2003. This is likely a result of not seeing any significant improvements in the key factors associated with overall satisfaction with emergency room services.
- The top two factors associated with overall satisfaction with ER services have not changed over the past year.

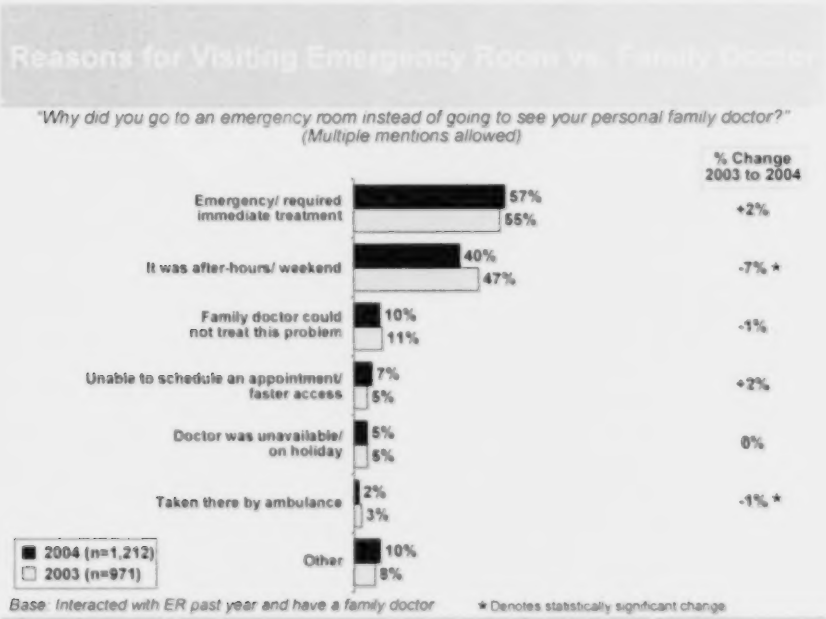
IHQCA

Reasons for Visiting ER vs. Family Doctor

Limited hours in family doctor practices and the severity of the health problem are the main factors why patients go to emergency rooms rather than to their family doctors' offices.

Albertans who have a personal family doctor and who have also gone to an emergency room this past year were further asked to explain why they went to an emergency room instead of to their family doctors' offices. The main reason offered was that the health situation needed immediate treatment as an emergency situation (57%), followed by the health situation occurring after-hours or on the weekend when their doctors' offices were not accessible (40%, decreased significantly from 47% in 2003).

An additional one-in-ten (10%) respondents report that their family doctor could not treat their problem, they were unable to schedule an appointment with their family doctor (7%), their doctor was unavailable or on holiday (5%), or that they were taken to an emergency room by ambulance (2%).



IHQCA

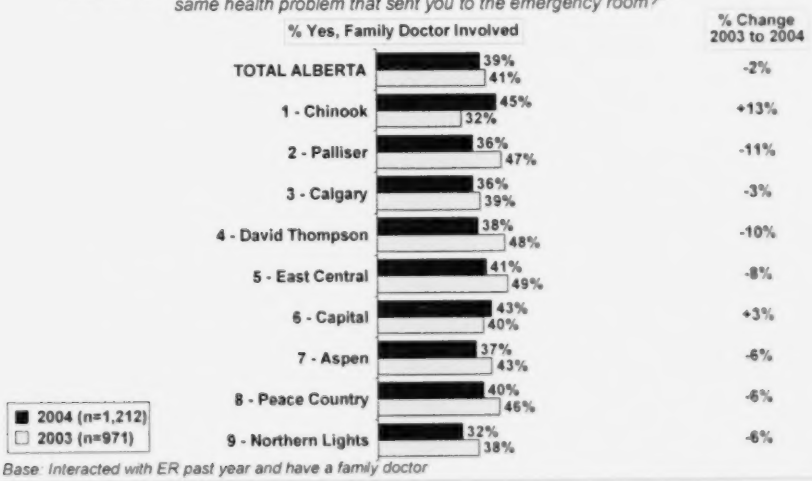
Family Doctor Involvement Related to ER Services

Approximately four-in-ten emergency room patients who have a family doctor continue see their family doctor for the same health problem after receiving ER services.

Among those with personal family doctors who have used ER services this past year, 39% indicate that their family doctor was involved with their care around that same time and for the same health problem that sent them to the emergency room. This level of family doctor involvement following ER services has not significantly changed since last year (41%) and does not differ significantly among health regions.

Family Doctor Involvement Related to ER Services

"Was your personal family doctor involved with your care around that same time and for the same health problem that sent you to the emergency room?"


% Yes, Family Doctor Involved
% Change 2003 to 2004
TOTAL ALBERTA 39% 41% -2%
1 - Chinook 45% 32% +13%
2 - Palliser 36% 47% -11%
3 - Calgary 36% 39% -3%
4 - David Thompson 38% 48% -10%
5 - East Central 41% 49% -8%
6 - Capital 43% 40% +3%
7 - Aspen 37% 43% -6%
8 - Peace Country 40% 46% -6%
9 - Northern Lights 32% 38% -6%
2004 (n=1,212)
2003 (n=971)

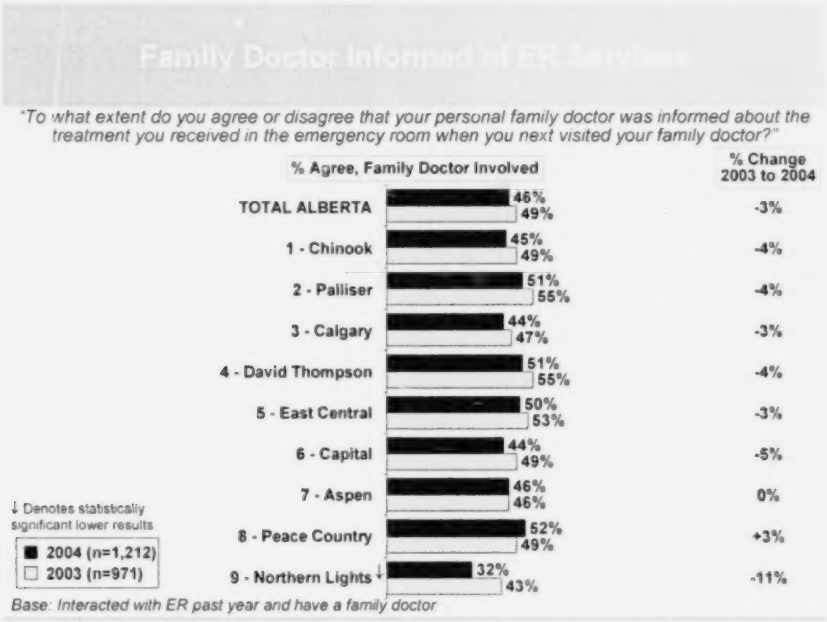
Base: Interacted with ER past year and have a family doctor

Family Doctor Informed of ER Services

Less than one-half of Albertans who have a family doctor and received ER services this past year believe their family doctor was informed of the ER services they received.

Perceptions regarding whether family doctors were informed of treatments their patients received in emergency rooms have not changed significantly since last year. Less than one-half (46%) of respondents feel their family doctor was informed of the care they received in emergency rooms, similar to the 49% perceiving this to take place in 2003.

Significant changes have not occurred in any specific health region over the past year. In 2004, residents of Health Region 9-Northern Lights (32%) are significantly less likely to feel their family doctors received information about the ER services they received.

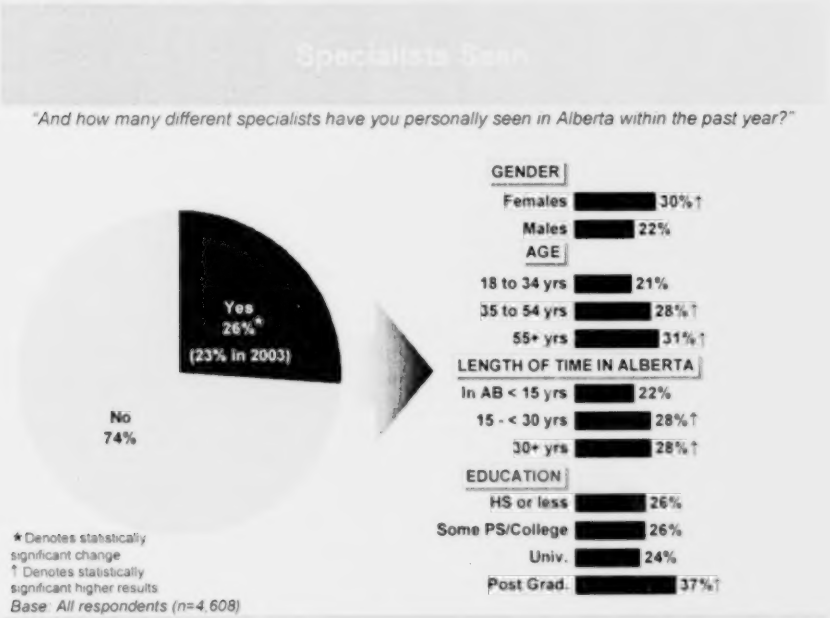

Family Doctor Informed of ER Services
"To what extent do you agree or disagree that your personal family doctor was informed about the treatment you received in the emergency room when you next visited your family doctor?"
% Agree, Family Doctor Involved
% Change 2003 to 2004
TOTAL ALBERTA 46% 49% -3%
1 - Chinook 45% 49% -4%
2 - Palliser 51% 55% -4%
3 - Calgary 44% 47% -3%
4 - David Thompson 51% 55% -4%
5 - East Central 50% 53% -3%
6 - Capital 44% 49% -5%
7 - Aspen 46% 46% 0%
8 - Peace Country 52% 49% +3%
9 - Northern Lights ↓ 32% 43% -11%
↓ Denotes statistically significant lower results
2004 (n=1,212)
2003 (n=971)
Base: Interacted with ER past year and have a family doctor

SPECIALISTS

Specialist Services Received

The proportion of Albertans receiving specialist services has increased this past year.

In 2003, 23% of Albertans had seen a specialist in Alberta. This figure has significantly risen to 26% in 2004. On average, those who have seen a specialist in the past year have made 1.7 visits to receive specialist services, identical to the average number of visits last year (1.7).



Albertans significantly more likely to have seen a specialist this past year include:

- Females (30%) vs. 22% of males;
- Those aged 35 to 54 years (28%) and 55+ (31%) vs. Albertans aged 18 to 34 years (21%);
- Those who have resided in Alberta for 15 years or more (28%) vs. those who have resided in Alberta for less than 15 years (22%); and
- Post-graduates (37%) vs. those with a high school education or less (26%), those with some post-secondary courses or a college diploma (26%), and those with a university degree (24%).

Specialist Services Received by RHA

The proportion of residents who have received specialist services has significantly increased in Health Regions 1-Chinook (6% increase), 7-Aspen (6% increase) and 8-Peace Country (7% increase). Significant differences with respect to specialist services received do not emerge across health regions.

Specialist Services Received - By RHA -

"And how many different specialists have you personally seen in Alberta within the past year?"

Seen 1+ Specialists
% Change 2003 to 2004
TOTAL ALBERTA 26% 23% +3% ★
1 - Chinook 24% 18% +6% ★
2 - Palliser 23% 26% -3%
3 - Calgary 28% 26% +2%
4 - David Thompson 26% 21% +5%
5 - East Central 26% 23% +3%
6 - Capital 27% 24% +3%
7 - Aspen 26% 20% +6% ★
8 - Peace Country 23% 16% +7% ★
9 - Northern Lights 20% 20% 0%
★ Denotes statistically significant change
2004 (n=4,608)
2003 (n=4,004)

Base: All respondents

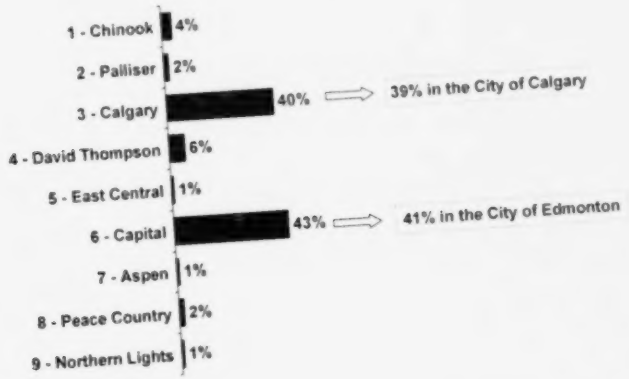
Location of Specialist Services Received

Calgary and Capital Health Regions are providing the majority of specialist services.

Most Albertans received specialist services in Health Regions 3-Calgary (40%, including 39% in the city of Calgary) and 6-Capital (43%, including 41% in the city of Edmonton). Few Albertans received specialist services in other health regions.

Location of Specialist Services Received

"In which city or town did you visit the specialist you most recently saw?"
(Multiple responses allowed)



Base: Seen a specialist past year (n=1,198)

Proportion of Seeing Specialists in Own RHA

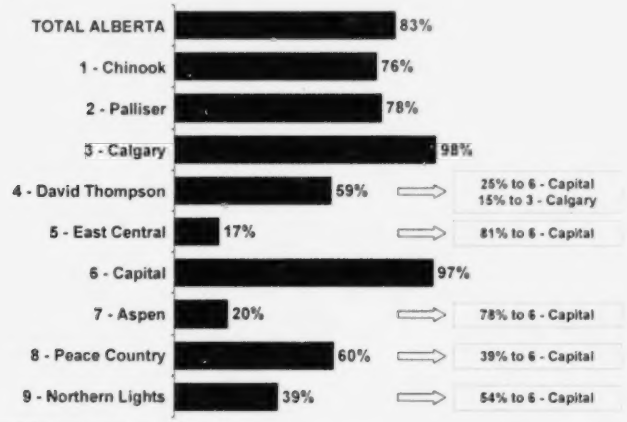
Overall, most Albertans are receiving specialist services in their own RHA. Health Region 6-Capital, however, is providing specialist services to its own residents as well as to the majority of several other health regions.

The vast majority of residents in the urban regions of 3-Calgary (98%) and 6-Capital (97%) are receiving specialist services in their own RHA. As well, more than three-quarters of residents in Health Regions 1-Chinook (76%), and 2-Palliser (78%) report having received specialist services in their own RHA this past year. Relatively fewer residents in Health Regions 4-David Thompson (59%) and 8-Peace Country (60%) have received specialist services in their own RHA.

A minority of residents, however, in Health Regions 5-East Central (17%), 7-Aspen (20%) and 9-Northern Lights (39%) have received specialist services in their own health region. The majority of residents in these three health regions report having received specialist services in Health Region 6-Capital.

Proportion Seeing Specialists Within Own RHA

"In which city or town did you visit the specialist you most recently saw?"
(Multiple responses allowed)



Base: Seen a specialist past year (n=1,198)

Waiting for Specialist Services After Referrals

One-in-ten Albertans have been referred to specialists yet are still waiting to see them.

While 26% of Albertans report having received specialist services this past year, 11% report having been referred to specialists and are still waiting to see them. The proportion of Albertans waiting to see specialists after referrals has not changed since last year (11%), nor has it significantly changed in any of the nine health regions.

Waiting for Specialist Services After Referrals

"And how many different specialists have you personally been referred to within the past year, and are still waiting to see?"

% Yes
% Change 2003 to 2004
TOTAL ALBERTA 11% 11% 0%
1 - Chinook 9% 7% +2%
2 - Palliser 9% 9% 0%
3 - Calgary 11% 13% -2%
4 - David Thompson 12% 10% +2%
5 - East Central 11% 8% +3%
6 - Capital 10% 10% 0%
7 - Aspen 13% 11% +2%
8 - Peace Country 9% 9% 0%
9 - Northern Lights 10% 10% 0%
2004 (n=4,608)
2003 (n=4,004)

Base: All respondents

In total, combining those who have seen a specialist and those who are waiting to see a specialist after referrals, 29% of Albertans have interacted with specialist services within the past year as compared to 26% in 2003.

Access to Specialists

A minority reports that it was easy to access specialists.

In comparison to other health care service delivery areas measured, access to specialist services is rated relatively lower. Less than one-half (47%) of those who have received specialist services this past year say it was easy to obtain the specialist services they needed. Conversely, 26% say it was difficult to access specialist services and 27% are neutral (ratings of 3 out of 5).

No significant changes to the ease of accessing specialists have occurred in any particular health region over the past year. Currently, the ease of accessing these services is significantly lower in Health Region 9-Northern Lights (34%).

Access to Specialists
"How difficult or easy was it to actually obtain the specialist services that you most recently needed?"
% Difficult (1 and 2, out of 5)
% Easy (4 and 5, out of 5)
% Change 2003 to 2004
TOTAL ALBERTA 26% 36% 47% 42% +5%
1 - Chinook 21% 37% 49% 37% +12%
2 - Palliser 22% 30% 58% 47% +11%
3 - Calgary 28% 42% 42% 38% +4%
4 - David Thompson 26% 29% 54% 50% +4%
5 - East Central 18% 24% 57% 50% +7%
6 - Capital 26% 33% 47% 43% +4%
7 - Aspen 27% 27% 46% 41% +5%
8 - Peace Country 19% 37% 54% 41% +13%
9 - Northern Lights ↓ 39% 32% 34% 33% +1%
↓ Denotes statistically significant lower results
2004 (n=1,198)
2003 (n=899)
Base: Seen a specialist within the past year

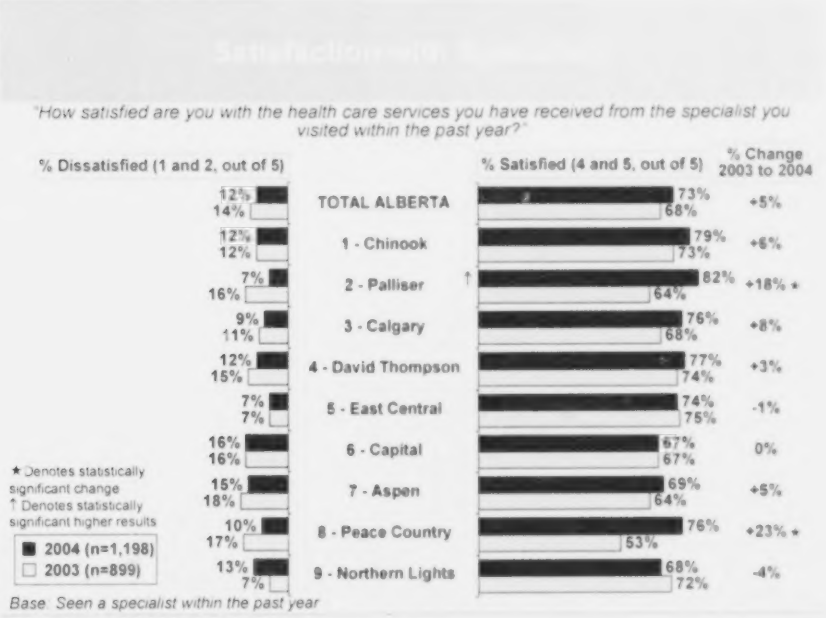
Overall Satisfaction with Specialist Services Received

Satisfaction levels with specialist services are similar to last year.

While overall access ratings to specialist services are relatively lower in comparison to other health care service areas, overall satisfaction ratings are relatively higher. Almost three-quarters (73%) of respondents are satisfied with the specialist services they received. An additional 12% of respondents are dissatisfied with the specialist services received, and 15% are neutral (ratings of 3 out of 5).

Residents of Health Regions 2-Palliser (18% increase) and 8-Peace Country (23% increase) are significantly more likely to be satisfied with the specialist services they received this year, in comparison to satisfaction levels one year ago.

Across health regions, satisfaction with specialist services is significantly higher among residents in Health Region 2-Palliser (82%).


"How satisfied are you with the health care services you have received from the specialist you visited within the past year?"
% Dissatisfied (1 and 2, out of 5)
% Satisfied (4 and 5, out of 5)
% Change 2003 to 2004
TOTAL ALBERTA 12% 14% 73% 68% +5%
1 - Chinook 12% 12% 79% 73% +6%
2 - Palliser 7% 16% 82% 64% +18% ★
3 - Calgary 9% 11% 76% 68% +8%
4 - David Thompson 12% 15% 77% 74% +3%
5 - East Central 7% 7% 74% 75% -1%
6 - Capital 16% 16% 67% 67% 0%
7 - Aspen 15% 18% 69% 64% +5%
8 - Peace Country 10% 17% 76% 53% +23% ★
9 - Northern Lights 13% 7% 68% 72% -4%
★ Denotes statistically significant change
↑ Denotes statistically significant higher results
2004 (n=1,198)
2003 (n=899)

Base: Seen a specialist within the past year

Satisfaction with Specialist Service Attributes

To further understand satisfaction with specialists, respondents who had received specialist services within the past year were also asked to assess their satisfaction with a series of 12 attributes related to specialist services.

Satisfaction with specific service attributes related to specialist services remains fairly positive except with two timeliness issues, and has improved with respect to outcomes and the timeliness of reviewing test results.

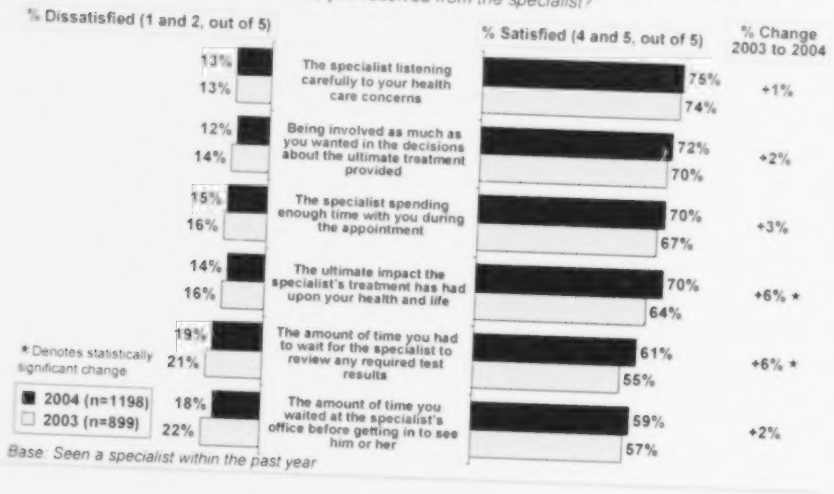
Those receiving specialist services this past year are most satisfied with factors related to competence (86%), courtesy and respect (85%) and having things explained in a way they could understand (81%). Satisfaction with these areas has not significantly changed since last year. More than three-quarters of respondents are satisfied with the specialist being aware of leading-edge treatments (78%), help from other staff (77%) and the thoroughness of examinations (76%).

(. . . continued)

Further, 75% of respondents are satisfied with the specialist listening to patients' health concerns, 72% with their involvement in decisions, 70% with the specialist spending enough time with patients, and 70% with the outcomes resulting from treatment (significantly improved from 64% last year). Satisfaction is relatively lower, however, for wait times for specialists to review results (61%, although significantly improved from 55% in 2003), and with wait times at specialists' offices before appointments (59%, similar to 57% last year).

Satisfaction with Specialist Service Attributes (cont'd)

"And thinking of the past year, how satisfied are you with each of the following aspects of services you received from the specialist?"



Base: Seen a specialist within the past year

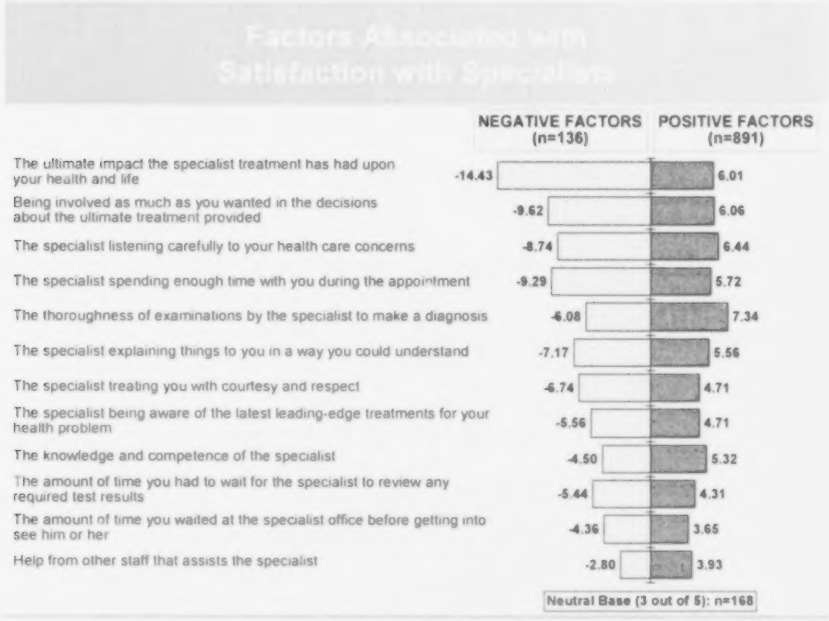
Factors Associated with Satisfaction with Specialists

A penalty-reward analysis of the factors associated with satisfaction and dissatisfaction with specialist services Albertans have received was also conducted.

Many factors play a significant role in impacting satisfaction with specialists. Outcomes resulting from treatment are most important, followed by involvement in decisions, listening to patients' concerns, spending enough time with patients, and conducting thorough examinations.

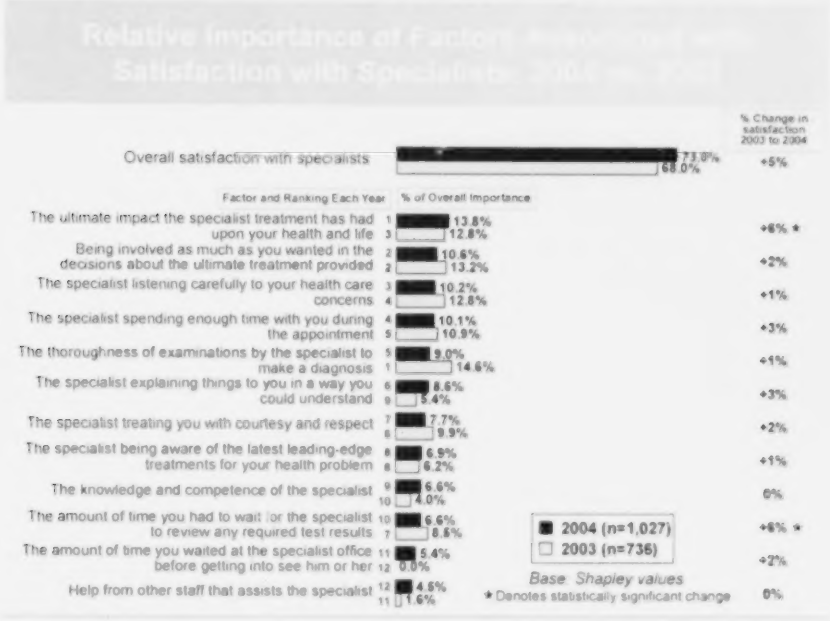
The ultimate impact the specialist treatment has upon the health and life of patients is the key factor associated with satisfaction with specialist services. More specifically, outcomes are associated with dissatisfaction to a greater degree than with satisfaction.

Many other factors are associated with satisfaction with specialist services. Ranking relatively higher than others, involvement in decisions, specialists listening carefully to patients' health concerns, and specialists spending enough time with patients are important to overall satisfaction with specialist services. The thoroughness of examinations is another factor ranked relatively higher than other factors. The service attributes related to timeliness, which receive lower satisfaction scores, are relatively less important in impacting overall satisfaction with specialist services.


Factors Associated with Satisfaction with Specialists
NEGATIVE FACTORS (n=136)
POSITIVE FACTORS (n=891)
The ultimate impact the specialist treatment has had upon your health and life
-14.43
6.01
Being involved as much as you wanted in the decisions about the ultimate treatment provided
-9.62
6.06
The specialist listening carefully to your health care concerns
-8.74
6.44
The specialist spending enough time with you during the appointment
-9.29
5.72
The thoroughness of examinations by the specialist to make a diagnosis
-6.08
7.34
The specialist explaining things to you in a way you could understand
-7.17
5.56
The specialist treating you with courtesy and respect
-6.74
4.71
The specialist being aware of the latest leading-edge treatments for your health problem
-5.56
4.71
The knowledge and competence of the specialist
-4.50
5.32
The amount of time you had to wait for the specialist to review any required test results
-5.44
4.31
The amount of time you waited at the specialist office before getting into see him or her
-4.36
3.65
Help from other staff that assists the specialist
-2.80
3.93
Neutral Base (3 out of 5): n=168

Comparing the Importance of Factors Associated with Satisfaction with Specialists: 2004 vs. 2003

Overall satisfaction with specialists has not significantly changed over the past year.


Overall satisfaction with specialists
73.0%
68.0%
% Change in satisfaction 2003 to 2004
+5%
Factor and Ranking Each Year
% of Overall Importance
The ultimate impact the specialist treatment has had upon your health and life
1 13.8%
3 12.8%
+6% *
Being involved as much as you wanted in the decisions about the ultimate treatment provided
2 10.6%
2 13.2%
+2%
The specialist listening carefully to your health care concerns
3 10.2%
4 12.8%
+1%
The specialist spending enough time with you during the appointment
4 10.1%
5 10.9%
+3%
The thoroughness of examinations by the specialist to make a diagnosis
5 9.0%
1 14.6%
+1%
The specialist explaining things to you in a way you could understand
6 8.6%
9 5.4%
+3%
The specialist treating you with courtesy and respect
7 7.7%
8 9.9%
+2%
The specialist being aware of the latest leading-edge treatments for your health problem
8 6.9%
6 6.2%
+1%
The knowledge and competence of the specialist
9 6.6%
10 4.0%
0%
The amount of time you had to wait for the specialist to review any required test results
10 6.6%
7 8.5%
+6% *
The amount of time you waited at the specialist office before getting into see him or her
11 5.4%
12 0.0%
+2%
Help from other staff that assists the specialist
12 4.6%
11 1.6%
0%
2004 (n=1,027)
2003 (n=736)
Base: Shapley values
* Denotes statistically significant change

When comparing the relative importance of factors associated with overall satisfaction with specialists in 2004 and 2003, the key differences to note are:

- Overall satisfaction with specialists has not significantly improved since 2003.
- The top five factors associated with overall satisfaction with specialist services have not changed over the past year and are all quite similar in terms of their relative importance to overall satisfaction with specialists.
- The thoroughness of examinations by the specialist to make a diagnosis was the most important factor in 2003 and is relatively less important to overall satisfaction with specialists in 2004.

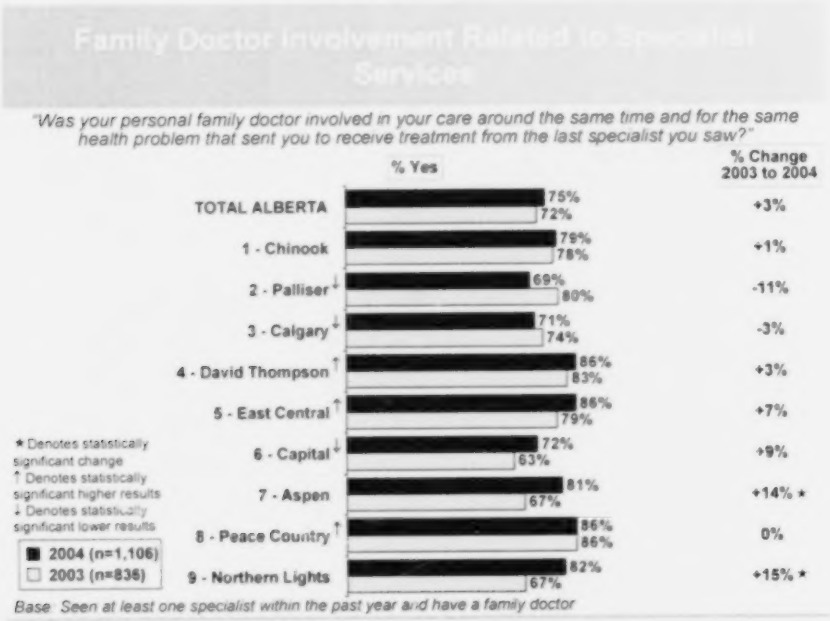
Family Doctor Involvement Related to Specialist Services

Family doctors remain highly involved with caring for the same health problems treated by specialists.

Three-quarters (75%) of respondents who received specialist services this past year and who have a family doctor report that their family doctor was involved in their care around the same time and for the same health problem that sent them to receive treatment from specialists.

Residents of this subset of respondents in Health Regions 7-Aspen and 9-Northern Lights are significantly more likely to report that their family doctor was involved with their specialist services in comparison to last year (14% and 15% increases, respectively).

Across regions, family doctor involvement with specialist services is significantly higher in Health Regions 4-David Thompson (86%), 5-East Central (86%) and 8-Peace Country (86%), and is significantly lower in Health Regions 2-Palliser (69%), 3-Calgary (71%) and 6-Capital (72%).


Family Doctor Involvement Related to Specialist Services
"Was your personal family doctor involved in your care around the same time and for the same health problem that sent you to receive treatment from the last specialist you saw?"
% Yes
% Change 2003 to 2004
TOTAL ALBERTA 75% 72% +3%
1 - Chinook 79% 78% +1%
2 - Palliser ↓ 69% 80% -11%
3 - Calgary ↓ 71% 74% -3%
4 - David Thompson ↑ 86% 83% +3%
5 - East Central ↑ 86% 79% +7%
6 - Capital ↓ 72% 63% +9%
7 - Aspen 81% 67% +14% ★
8 - Peace Country ↑ 86% 86% 0%
9 - Northern Lights 82% 67% +15% ★
★ Denotes statistically significant change
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
2004 (n=1,106)
2003 (n=836)

Base: Seen at least one specialist within the past year and have a family doctor

Family Doctor Informed of Specialist Services

More than half of Albertans who received specialist services believe their family doctor was informed of the treatment they received.

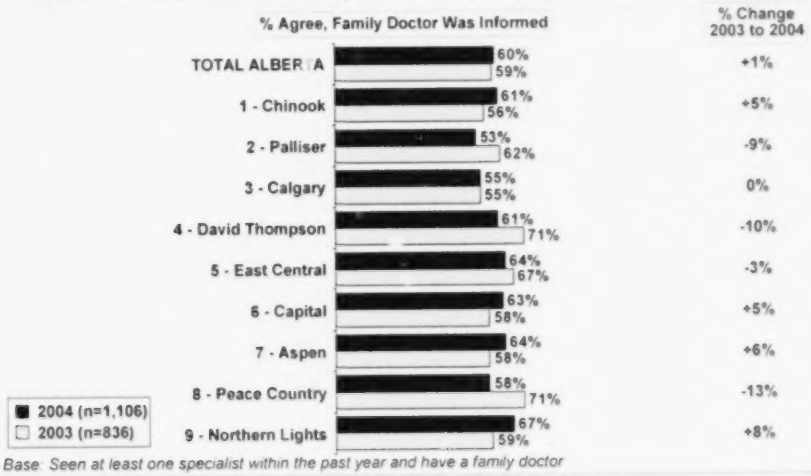
While 75% of those with family doctors who received specialist services say their family doctor was involved with their care for the same problem that sent them to a specialist, a smaller proportion (60%) believe that their family doctor was informed about the treatment they received from the specialist they saw.

Some (11%) respondents had not yet gone back to see their family doctor following their specialist appointment, and certain respondents were unsure (2%). Others (13%) disagree that their family doctor was informed of the specialist services they received and 15% were neutral (agreement ratings of 3 out of 5).

The proportion of respondents indicating their family doctor was informed about specialist services they received has not substantially changed from last year, and significant differences do not occur among health regions in 2004.

Family Doctor Informed of Specialist Services

"When you next visited your doctor, to what extent do you agree or disagree that your personal family doctor was informed about the treatment you received from the specialist you most recently saw?"



Base: Seen at least one specialist within the past year and have a family doctor

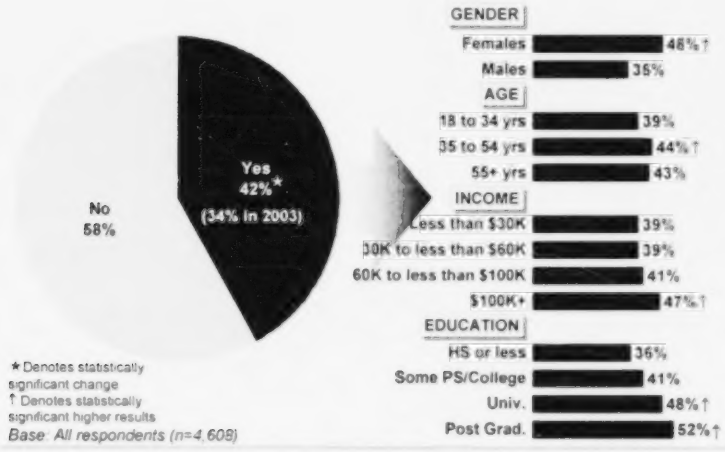
DIAGNOSTIC TESTING

Diagnostic Testing Received

Albertans are more likely to have received diagnostic tests this year than last year.

More than four-in-ten (42%) Albertans have received diagnostic tests (lab tests or diagnostic imaging tests) this past year, increased significantly from 34% in 2003.

"Within the past year, have you received any of the following diagnostic tests in Alberta?"



Those significantly more likely to have received diagnostic tests this past year include:

- Females (48%) vs. 35% of males;
- Those aged 35 to 54 years (44%) vs. those aged 18 to 34 years (39%);
- Albertans with an annual household income of $100K+ (47%); and
- Those who have a post-graduate degree (52%) or are university graduates (48%) vs. 36% among those with a high school education or less.

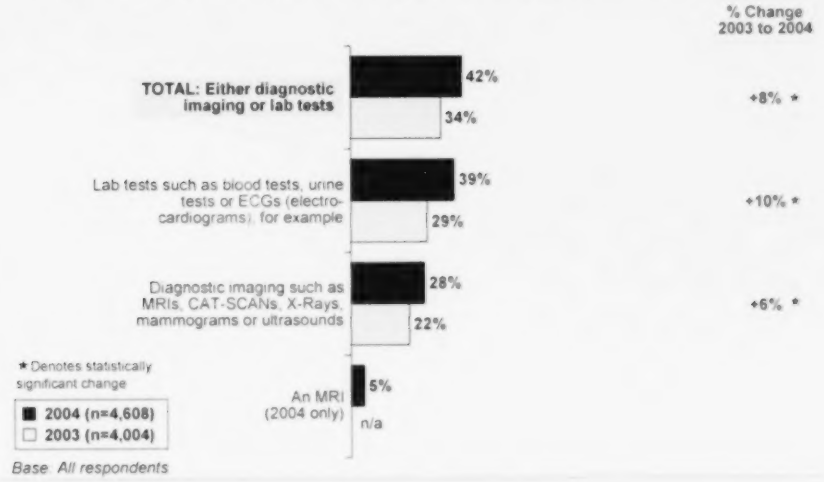
Specific Diagnostic Tests Received

In 2003, interaction with diagnostic testing was measured in two specific areas: 1) lab tests; and 2) diagnostic imaging, including MRIs. In 2004, however, interaction with diagnostic testing was measured in three areas: 1) lab tests; 2) MRIs; and 3) other diagnostic imaging such as CAT-SCANs, X-Rays, mammograms or ultrasounds.

Almost four-in-ten (39%) Albertans report having received lab tests this past year, increased significantly since 2003 (29%). Similarly, a higher proportion of Albertans have received diagnostic imaging tests (including MRIs) within the past year (28%) than was the case one year ago (22%).

As a benchmark, just 5% of respondents report they have received an MRI within the past year.

"Within the past year, have you received any of the following diagnostic tests in Alberta?"



Base: All respondents

Location of Diagnostic Imaging Received

Most diagnostic imaging tests are taking place in the cities of Calgary and Edmonton.

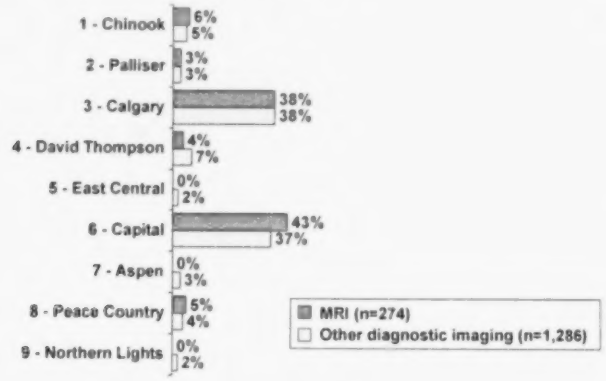
With respect to both MRIs and other diagnostic imaging, most Albertans are receiving these services in the urban health regions of 3-Calgary and 6-Capital. Within each of these regions, most testing is taking place in the cities of Calgary and Edmonton.

Looking at MRIs specifically, six of the nine health regions currently have MRI equipment, while three health regions do not: 4-David Thompson; 7-Aspen; and 9-Northern Lights.

Diagnostic imaging tests other than MRIs have been received in all health regions across the province, with the majority of those tests taking place in the urban health regions of 3-Calgary and 6-Capital.

Location of Diagnostic Imaging Received

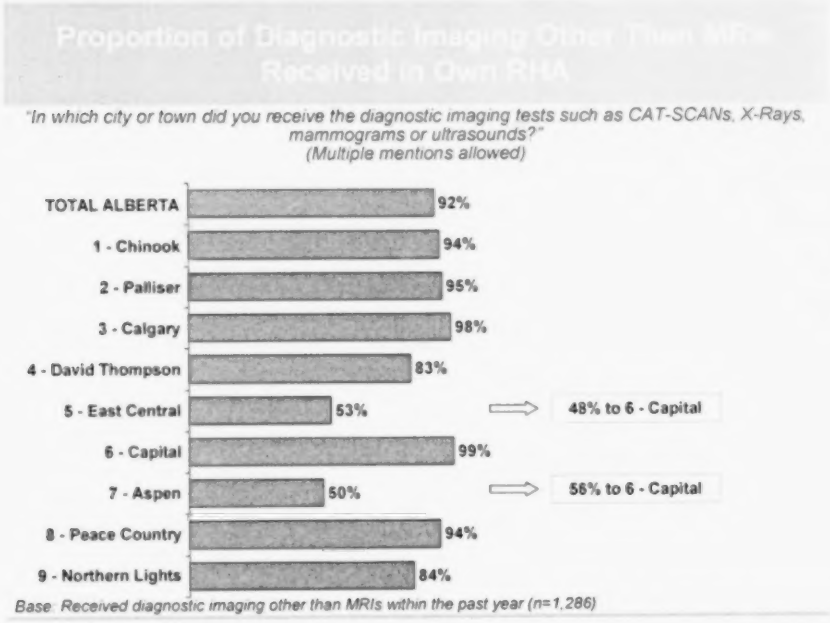
"In which city or town did you receive the MRI?"
"In which city or town did you receive the diagnostic imaging tests such as CAT-SCANs, X-Rays, mammograms or ultrasounds?"
(Multiple mentions allowed)



Base: Received diagnostic testing within the past year

Proportion of Diagnostic Imaging Other Than MRIs Received in Own RHA

More than nine-in-ten (92%) Albertans who have received diagnostic imaging tests other than MRIs report they received these tests within their own health region. Residents of Health Region 5-East Central are less likely to have received such diagnostic imaging tests within their own RHA (53%), with close to half (48%) heading to Capital Health Region to receive these tests. Residents in Health Region 7-Aspen are also less likely to have received diagnostic imaging tests other than MRIs in their own RHA (50%), with as many going to Capital Health Region to receive these tests (56%[8]).

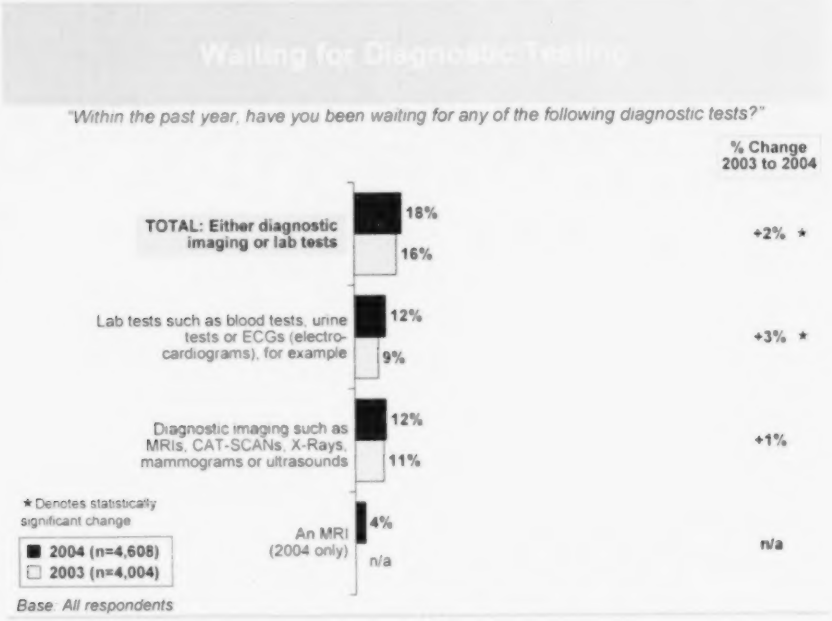

Proportion of Diagnostic Imaging Other Than MRIs Received in Own RHA
"In which city or town did you receive the diagnostic imaging tests such as CAT-SCANs, X-Rays, mammograms or ultrasounds?"
(Multiple mentions allowed)
TOTAL ALBERTA 92%
1 - Chinook 94%
2 - Palliser 95%
3 - Calgary 98%
4 - David Thompson 83%
5 - East Central 53%
48% to 6 - Capital
6 - Capital 99%
7 - Aspen 50%
56% to 6 - Capital
8 - Peace Country 94%
9 - Northern Lights 84%
Base: Received diagnostic imaging other than MRIs within the past year (n=1,286)

[8] Figures total >100% because multiple responses were allowed.

Waiting for Diagnostic Testing

A higher proportion of Albertans is waiting for diagnostic testing this year in comparison to 2003.

Close to two-in-ten (18%) Albertans are now waiting for diagnostic testing versus 16% in 2003. Specifically, 12% are waiting for lab tests, significantly increased from 9% last year, and 12% are waiting for diagnostic imaging tests (including MRIs), similar to 11% last year. When focusing on MRIs only, 4% of Albertans report currently waiting for these tests.

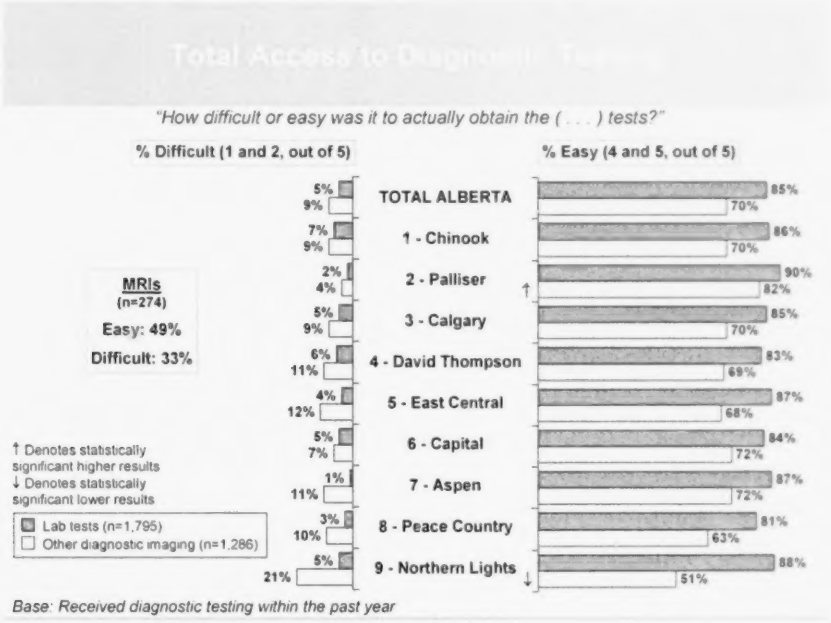


Access to Diagnostic Testing

Access to lab tests is rated almost twice as easy as access to MRIs.

Access to lab tests and diagnostic imaging tests other than MRIs is rated easier than for most other health care service areas evaluated. Conversely, access to MRIs ranks relatively low. Of those who have received diagnostic tests, 85% say it was easy to obtain lab tests (similar to 81% in 2003). In comparison, 70% say it was easy to obtain diagnostic imaging tests other than MRIs (not specifically measured in 2003), and a much smaller proportion (49%) say it was easy to obtain the MRI they needed.

The ease of accessing diagnostic imaging tests other than MRIs is significantly higher in Health Region 2-Palliser (82%) and is significantly lower in Health Region 9-Northern Lights (51%). The ease of obtaining lab tests does not differ significantly across health regions.


"How difficult or easy was it to actually obtain the (. . .) tests?"
% Difficult (1 and 2, out of 5)
% Easy (4 and 5, out of 5)
MRIs
(n=274)
Easy: 49%
Difficult: 33%
TOTAL ALBERTA 5% 9% 85% 70%
1 - Chinook 7% 9% 86% 70%
2 - Palliser 2% 4% 90% 82%
3 - Calgary 5% 9% 85% 70%
4 - David Thompson 6% 11% 83% 69%
5 - East Central 4% 12% 87% 68%
6 - Capital 5% 7% 84% 72%
7 - Aspen 1% 11% 87% 72%
8 - Peace Country 3% 10% 81% 63%
9 - Northern Lights 5% 21% 88% 51%
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
Lab tests (n=1,795)
Other diagnostic imaging (n=1,286)

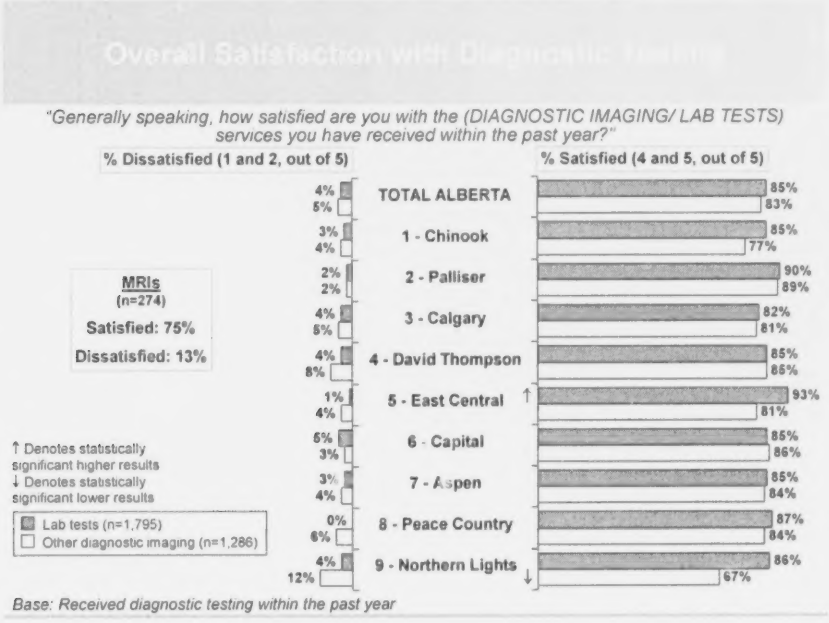
Base: Received diagnostic testing within the past year

Overall Satisfaction with Diagnostic Testing

Satisfaction with diagnostic testing is strong, yet somewhat lower for MRIs.

At least three-quarters of Albertans who have received diagnostic tests are satisfied with each of the types of diagnostic tests they received. Specifically, satisfaction with lab tests (85%) is slightly higher than satisfaction with diagnostic imaging tests other than MRIs (83%) and is significantly higher than satisfaction with MRIs (75%). Overall satisfaction with lab tests (85%) is higher than satisfaction with all other health care service areas measured in this study, and satisfaction with diagnostic imaging (other than MRIs) also ranks relatively high.

Satisfaction with diagnostic imaging other than MRIs is significantly lower in Health Region 9-Northern Lights (67%), and satisfaction with lab tests is significantly higher in Health Region 5-East Central (93%).

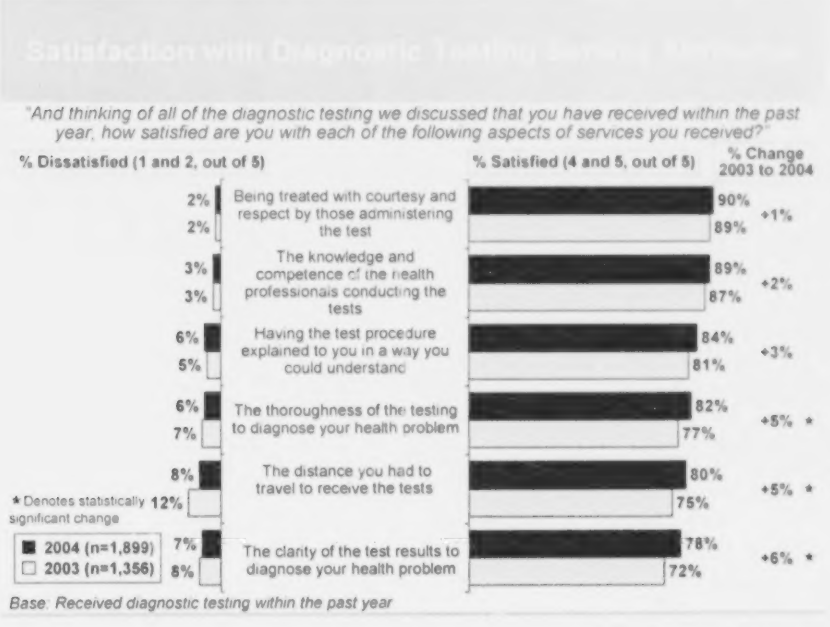

Overall Satisfaction with Diagnostic Testing
"Generally speaking, how satisfied are you with the (DIAGNOSTIC IMAGING/ LAB TESTS) services you have received within the past year?"
% Dissatisfied (1 and 2, out of 5)
% Satisfied (4 and 5, out of 5)
MRIs (n=274)
Satisfied: 75%
Dissatisfied: 13%
TOTAL ALBERTA 4% 5% 85% 83%
1 - Chinook 3% 4% 85% 77%
2 - Palliser 2% 2% 90% 89%
3 - Calgary 4% 5% 82% 81%
4 - David Thompson 4% 8% 85% 85%
5 - East Central ↑ 1% 4% 93% 81%
6 - Capital 5% 3% 85% 86%
7 - Aspen 3% 4% 85% 84%
8 - Peace Country 0% 6% 87% 84%
9 - Northern Lights ↓ 4% 12% 86% 67%
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
Lab tests (n=1,795)
Other diagnostic imaging (n=1,286)
Base: Received diagnostic testing within the past year

Satisfaction with Diagnostic Testing Service Attributes

Those who have received any type of diagnostic tests within the past year were asked to rate their satisfaction with 11 service attributes related to diagnostic testing. These ratings are not applied to specific types of diagnostic testing (lab tests, MRIs, other diagnostic imaging), but to the full range of diagnostic tests they have received within the past year.

In general, satisfaction remains relatively weaker for timeliness issues related to diagnostic testing.

Satisfaction remains strong with respect to the courtesy (90%) and competence (89%) of health professionals conducting diagnostic tests. Satisfaction also remains prevalent among more than eight-in-ten respondents with respect to explanations of test procedures (84%) and the thoroughness of testing to diagnose problems (82%, significantly improved from 77% in 2003). Next, 80% are satisfied with the distance required to travel to receive tests (significantly improved from 75% last year) and 78% are satisfied with the clarity of test results to diagnose health problems (increased significantly from 72% in 2003).

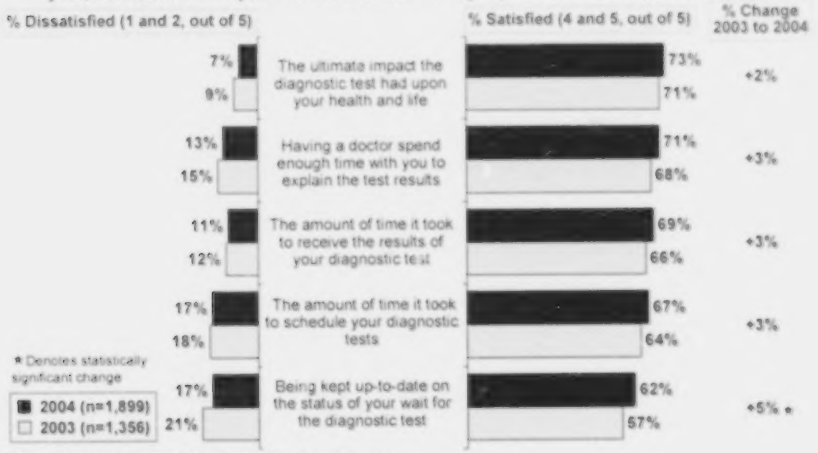

"And thinking of all of the diagnostic testing we discussed that you have received within the past year, how satisfied are you with each of the following aspects of services you received?"
% Dissatisfied (1 and 2, out of 5)
% Satisfied (4 and 5, out of 5)
% Change 2003 to 2004
Being treated with courtesy and respect by those administering the test
2% 2% 90% 89% +1%
The knowledge and competence of the health professionals conducting the tests
3% 3% 89% 87% +2%
Having the test procedure explained to you in a way you could understand
6% 5% 84% 81% +3%
The thoroughness of the testing to diagnose your health problem
6% 7% 82% 77% +5% *
The distance you had to travel to receive the tests
8% 12% 80% 75% +5% *
The clarity of the test results to diagnose your health problem
7% 8% 78% 72% +6% *
* Denotes statistically significant change
2004 (n=1,899)
2003 (n=1,356)
Base: Received diagnostic testing within the past year

(. . . continued)

More than seven-in-ten respondents are satisfied with the outcomes of test results (73%) and having a doctor spend time with them to explain test results (71%). Results are relatively lower for satisfaction with timeliness issues such as the amount of time it took to receive test results (69%) and the amount of time it took to schedule the tests (67%). Satisfaction is relatively low with being kept up-to-date on the status of waits for diagnostic tests (62%), but has significantly improved since last year (57%).

Satisfaction with Diagnostic Testing (cont'd)

"And thinking of all of the diagnostic testing we discussed that you have received within the past year, how satisfied are you with each of the following aspects of services you received?"



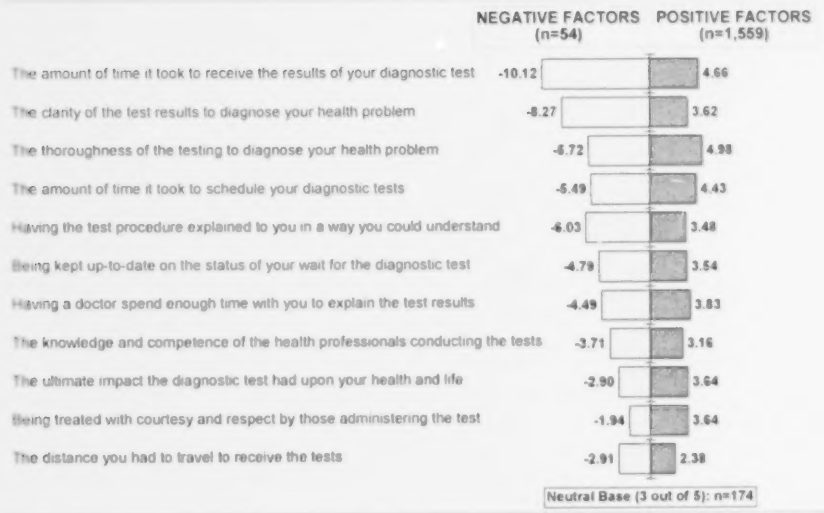
Base: Received diagnostic testing within the past year

Factors Associated with Satisfaction with Diagnostic Tests

A penalty-reward analysis of the factors associated with satisfaction and dissatisfaction with diagnostic tests Albertans have received within the past year was also conducted.[9]

Factors Associated with Satisfaction with Lab Tests

The key factors associated with overall satisfaction with lab tests relate to the amount of time it takes to receive test results and the clarity of test results, followed by the thoroughness of testing and the timeliness of scheduling tests.


NEGATIVE FACTORS (n=54)
POSITIVE FACTORS (n=1,559)
The amount of time it took to receive the results of your diagnostic test
-10.12
4.66
The clarity of the test results to diagnose your health problem
-8.27
3.62
The thoroughness of the testing to diagnose your health problem
-6.72
4.98
The amount of time it took to schedule your diagnostic tests
-5.49
4.43
Having the test procedure explained to you in a way you could understand
-4.03
3.48
Being kept up-to-date on the status of your wait for the diagnostic test
-4.79
3.54
Having a doctor spend enough time with you to explain the test results
-4.49
3.83
The knowledge and competence of the health professionals conducting the tests
-3.71
3.16
The ultimate impact the diagnostic test had upon your health and life
-2.90
3.64
Being treated with courtesy and respect by those administering the test
-1.94
3.64
The distance you had to travel to receive the tests
-2.91
2.38
Neutral Base (3 out of 5): n=174

All service attributes related to lab tests are associated with overall satisfaction with lab tests. Slight differences occur, however, with respect to the magnitude of the impact factors have on overall satisfaction. First, the amount of time it took to receive test results has the greatest impact on overall satisfaction with lab tests, however this factor is associated to a greater extent with dissatisfaction with lab tests than with satisfaction with lab tests. Satisfaction with this service attribute is ranked relatively lower than others and thus, focusing on improving this area can positively impact overall satisfaction with lab tests.

Next, when test results are not clear, dissatisfaction with lab tests increases and when test results are clear, satisfaction can improve, but to a lesser extent. The thoroughness of tests

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9 The dependent variable used in the analyses relates to overall satisfaction with each of the following: lab tests, MRIs and other diagnostic imaging tests. The independent variables used were general service attribute ratings given for all diagnostic tests as a group.

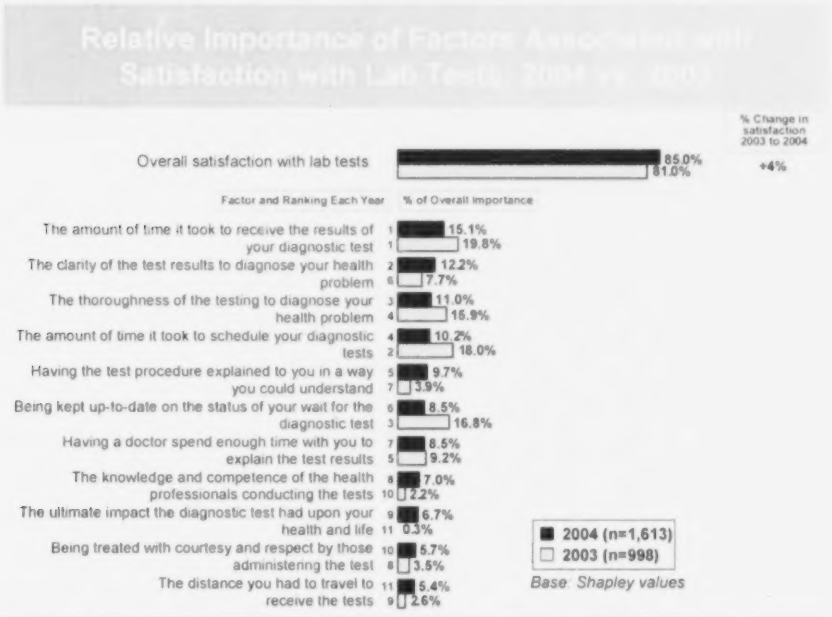
to diagnose problems is also relatively important to overall satisfaction with lab tests, impacting both dissatisfaction and satisfaction levels.

The amount of time it took to schedule diagnostic tests also receives relatively lower satisfaction scores compared to other service attributes and ranks relatively higher among the factors associated with overall satisfaction with lab tests – an opportunity for improvement.

All other factors used in the analysis are important. The relative magnitude of their importance becomes smaller as the rankings descend, ending with the distance patients have to travel to receive the tests as being relatively less important to overall satisfaction with lab tests than other factors evaluated.

Comparing the Importance of Factors Associated with Satisfaction with Lab Tests: 2004 vs. 2003

Overall satisfaction with lab tests has not significantly changed over the past year.


% Change in satisfaction 2003 to 2004
Overall satisfaction with lab tests
85.0%
81.0%
+4%
Factor and Ranking Each Year
% of Overall Importance
The amount of time it took to receive the results of your diagnostic test
1 15.1%
1 19.8%
The clarity of the test results to diagnose your health problem
2 12.2%
6 7.7%
The thoroughness of the testing to diagnose your health problem
3 11.0%
4 15.9%
The amount of time it took to schedule your diagnostic tests
4 10.2%
2 18.0%
Having the test procedure explained to you in a way you could understand
5 9.7%
7 3.9%
Being kept up-to-date on the status of your wait for the diagnostic test
6 8.5%
3 16.8%
Having a doctor spend enough time with you to explain the test results
7 8.5%
5 9.2%
The knowledge and competence of the health professionals conducting the tests
8 7.0%
10 2.2%
The ultimate impact the diagnostic test had upon your health and life
9 6.7%
11 0.3%
Being treated with courtesy and respect by those administering the test
10 5.7%
8 3.5%
The distance you had to travel to receive the tests
11 5.4%
9 2.6%
2004 (n=1,613)
2003 (n=998)
Base: Shapley values

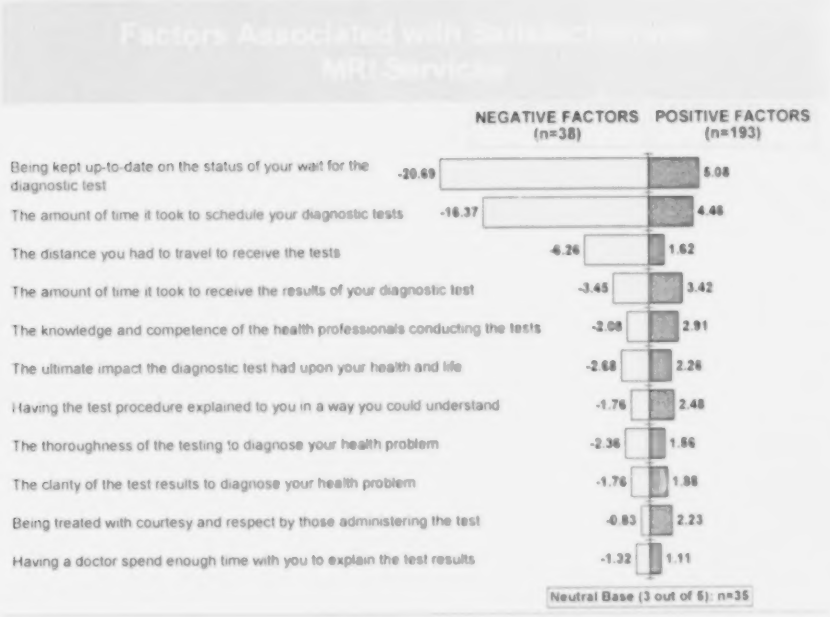
When comparing the relative importance of factors associated with overall satisfaction with lab tests in 2004 and 2003, the key differences to note are:

- Overall satisfaction with lab tests has increased slightly since 2003 and remains high at 85%. This slight improvement in overall satisfaction with lab tests is likely a result of significant improvements, as well as other slight improvements, to factors related to overall satisfaction with lab tests since 2003.
- The key factor associated with overall satisfaction with lab tests has not changed over the past year: the amount of time it took to receive the results of your diagnostic test.

- The clarity of the test results, and having the test procedure explained in an understandable manner are now somewhat more important to overall satisfaction with lab tests than in 2003.
- Overall, the thoroughness of the testing, the amount of time it took to schedule the diagnostic test and being kept up-to-date on the status of the wait for the test are somewhat less important to overall satisfaction with lab tests in 2004 than in 2003.

Factors Associated with Satisfaction with MRIs

The key factors associated with overall satisfaction with MRIs involve receiving status reports on waits for MRIs and the amount of time it takes to schedule MRIs.


NEGATIVE FACTORS (n=38)
POSITIVE FACTORS (n=193)
Being kept up-to-date on the status of your wait for the diagnostic test
-20.69
5.08
The amount of time it took to schedule your diagnostic tests
-16.37
4.48
The distance you had to travel to receive the tests
-6.26
1.62
The amount of time it took to receive the results of your diagnostic test
-3.45
3.42
The knowledge and competence of the health professionals conducting the tests
-2.08
2.91
The ultimate impact the diagnostic test had upon your health and life
-2.68
2.26
Having the test procedure explained to you in a way you could understand
-1.76
2.48
The thoroughness of the testing to diagnose your health problem
-2.36
1.86
The clarity of the test results to diagnose your health problem
-1.76
1.88
Being treated with courtesy and respect by those administering the test
-0.83
2.23
Having a doctor spend enough time with you to explain the test results
-1.32
1.11
Neutral Base (3 out of 5): n=35

The two key factors associated with overall satisfaction with MRIs are related to issues of timeliness. Specifically, being kept-up-to-date on the status of waits for MRIs and the amount of time it took to schedule an MRI are impacting overall *dissatisfaction* with MRI services to a much greater extent than satisfaction levels. These two items are those that receive the lowest satisfaction scores across all service attributes tested.

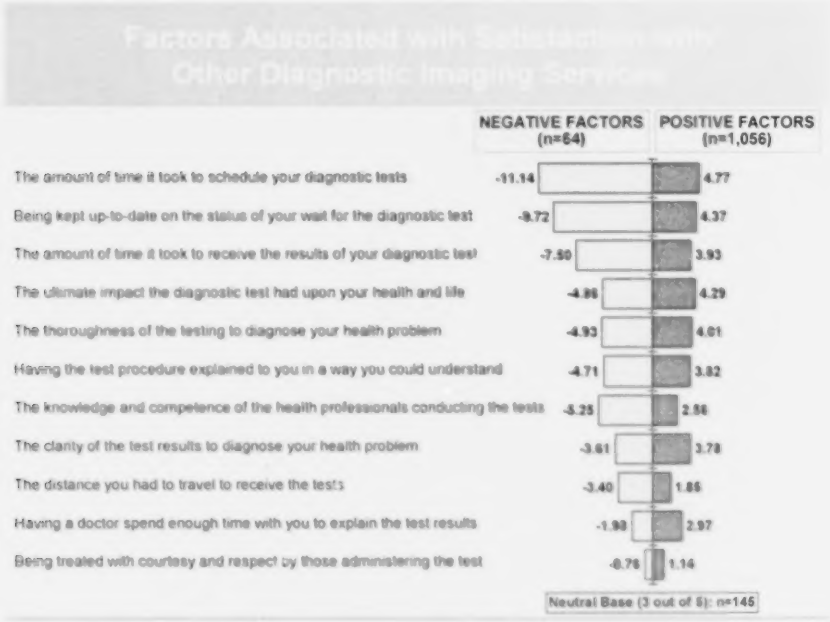
The distance one has to travel to receive an MRI is also associated with overall satisfaction with MRI services, but is associated with dissatisfaction with MRI services to a greater extent: the more dissatisfied patients are with having to travel to receive an MRI, the more dissatisfied they will be with MRI services in general.

All other factors tested in this penalty-reward analysis show an association with overall satisfaction with MRI services, but to relatively weaker degrees.

Factors Associated with Satisfaction with Other Diagnostic Imaging Tests

The key factors associated with overall satisfaction with other diagnostic imaging tests involve the timeliness of scheduling the tests, receiving status reports on waiting times for the tests, and the timeliness of receiving test results.

When looking at diagnostic imaging tests other than MRIs, the key factors associated with overall satisfaction with these services are similar to those impacting overall satisfaction with MRIs. With other diagnostic imaging tests, however, the key factor associated with overall satisfaction with such services relates to the timeliness of scheduling tests. In fact, the timeliness of scheduling tests is associated with *dissatisfaction* with these services to a greater extent than with satisfaction with diagnostic imaging services.


Factors Associated with Satisfaction with Other Diagnostic Imaging Services
NEGATIVE FACTORS (n=64)
POSITIVE FACTORS (n=1,056)
The amount of time it took to schedule your diagnostic tests
-11.14
4.77
Being kept up-to-date on the status of your wait for the diagnostic test
-9.72
4.37
The amount of time it took to receive the results of your diagnostic test
-7.50
3.93
The ultimate impact the diagnostic test had upon your health and life
-4.86
4.29
The thoroughness of the testing to diagnose your health problem
-4.93
4.01
Having the test procedure explained to you in a way you could understand
-4.71
3.82
The knowledge and competence of the health professionals conducting the tests
-5.25
2.56
The clarity of the test results to diagnose your health problem
-3.61
3.78
The distance you had to travel to receive the tests
-3.40
1.85
Having a doctor spend enough time with you to explain the test results
-1.93
2.97
Being treated with courtesy and respect by those administering the test
-0.76
1.14
Neutral Base (3 out of 5): n=145

This is also true for receiving status reports regarding waits for the diagnostic tests – when individuals are dissatisfied with being kept up-to-date, they are more likely to be dissatisfied with these services in general. The timeliness of receiving test results is also associated with satisfaction levels with diagnostic imaging services, however, this factor impacts dissatisfaction to a greater extent than satisfaction.

Other factors assessed are associated with overall satisfaction with diagnostic imaging services, yet are relatively weaker in the extent of their association in comparison to the key factors mentioned.

Overview of Factors Associated with Diagnostic Testing

When looking at factors associated with satisfaction with lab tests, MRI services, and other diagnostic imaging services, certain similarities emerge. For each of these areas, key factors involve:

- The amount of time it took to schedule the tests (somewhat more important for diagnostic imaging than for lab tests); and
- The amount of time it took to receive the results of tests (somewhat more important for lab tests than diagnostic imaging tests).

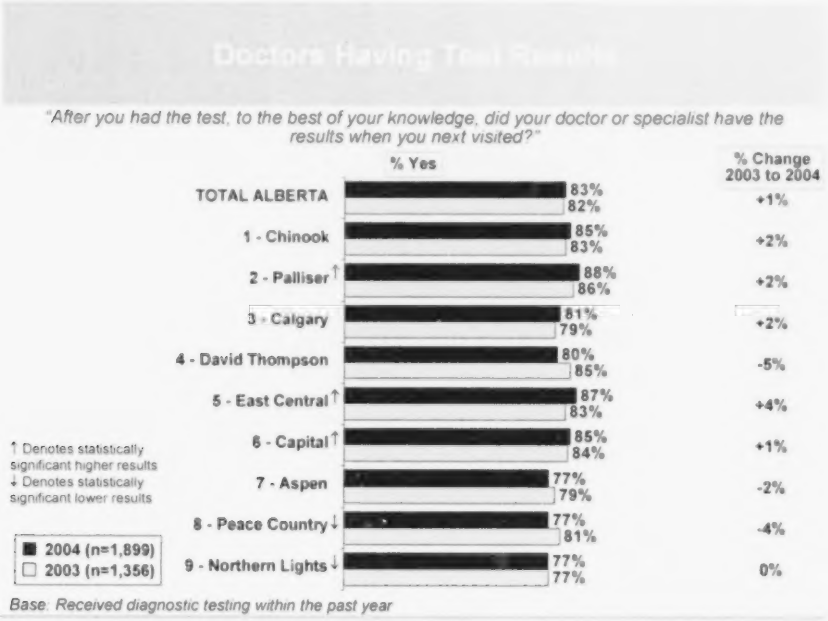
For diagnostic imaging tests, being kept up-to-date on the status of waits for the tests are more important to overall satisfaction than is the case with lab tests.

With lab tests, the clarity of the test results and the thoroughness of testing to diagnose health problems are relatively more important to overall satisfaction than is the case with diagnostic imaging tests.

Doctors Having Test Results

Most Albertans continue to believe that their tests results are being passed on to their physicians.

More than eight-in-ten (83%) Albertans who have received diagnostic tests within the past year report that their doctor or specialist had the test results when they next visited him or her. This has not changed significantly since last year (82%), nor has it significantly changed in any of the health regions. As well, 11% of respondents say their physician did not have these test results, 5% have not yet gone back to see their physician, and one percent are unsure.


Doctors Having Test Results
"After you had the test, to the best of your knowledge, did your doctor or specialist have the results when you next visited?"
% Yes
% Change 2003 to 2004
TOTAL ALBERTA 83% 82% +1%
1 - Chinook 85% 83% +2%
2 - Palliser↑ 88% 86% +2%
3 - Calgary 81% 79% +2%
4 - David Thompson 80% 85% -5%
5 - East Central↑ 87% 83% +4%
6 - Capital↑ 85% 84% +1%
7 - Aspen 77% 79% -2%
8 - Peace Country↓ 77% 81% -4%
9 - Northern Lights↓ 77% 77% 0%
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
2004 (n=1,899)
2003 (n=1,356)
Base: Received diagnostic testing within the past year

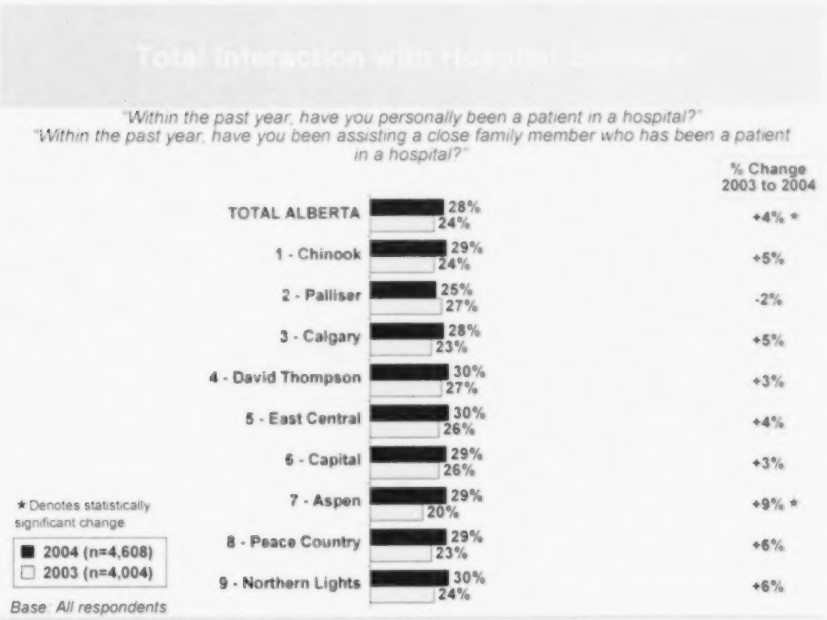
Respondents in Health Regions 2-Palliser (88%), 5-East Central (87%) and 6-Capital (85%) are significantly more likely to feel their physicians received their diagnostic test results. Respondents in Health Regions 8-Peace Country (77%) and 9-Northern Lights (77%) are significantly less likely to indicate their doctor had their test results at their next visit.

HOSPITAL SERVICES

Total Interaction with Hospital Services

Interaction with hospital services has increased over the past year.

Almost three-in-ten (28%) Albertans say they have interacted with hospital services (either personally or via helping a close family member) this past year, significantly increased from 24% in 2003. Interactions were split between overnight services (19%, increased from 17% last year) and outpatient services (16%, increased from 14% in 2003). Overall interaction with hospital services has significantly increased in Health Region 7-Aspen (increased 9%), and has remained fairly stable in all other health regions. Currently, there are no significant differences in interaction with hospital services across health regions.


"Within the past year, have you personally been a patient in a hospital?"
"Within the past year, have you been assisting a close family member who has been a patient in a hospital?"
% Change 2003 to 2004
TOTAL ALBERTA 28% 24% +4% *
1 - Chinook 29% 24% +5%
2 - Palliser 25% 27% -2%
3 - Calgary 28% 23% +5%
4 - David Thompson 30% 27% +3%
5 - East Central 30% 26% +4%
6 - Capital 29% 26% +3%
7 - Aspen 29% 20% +9% *
8 - Peace Country 29% 23% +6%
9 - Northern Lights 30% 24% +6%
* Denotes statistically significant change
2004 (n=4,608)
2003 (n=4,004)
Base: All respondents

The table below illustrates the various types of interaction with hospital services Albertans have experienced.

Types of Hospital Interaction

Type	Personal Interaction	Assisting Family	TOTAL
Overnight	6%	15%	19%
Outpatient	7%	12%	16%
TOTAL	**11%**	**24%**	**28%**

n=4,608, all Albertans

Access to Hospital Services

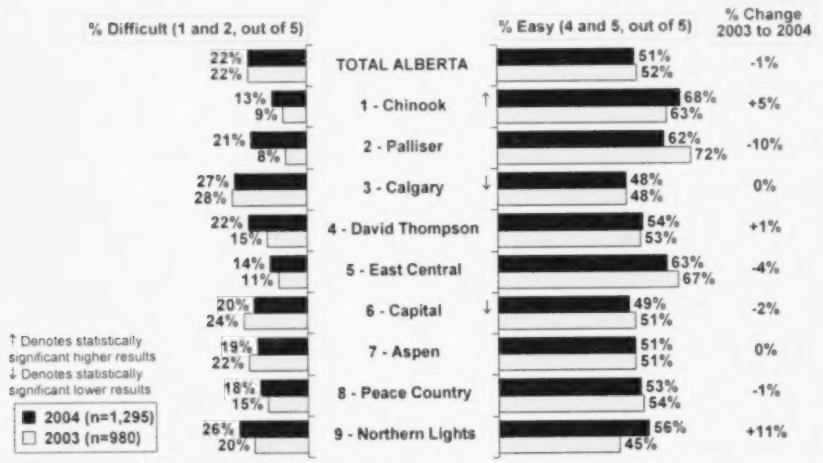
The ease of accessing hospital services remains relatively low.

Access to hospital services is ranked relatively lower in comparison to access to other health care service delivery areas. One-half (51%) of those interacting with hospitals this past year say it was easy to obtain hospital services, showing little change from results one year ago (52%). On the other hand, 22% of respondents feel it was difficult to access hospital services, 35% are neutral (ratings of 3 out of 5), and one percent are unsure.

Significant changes to the accessibility of hospital services across health regions are not significant in nature. Currently, residents in Health Region 1-Chinook (68%) are significantly more likely to rate access to hospital services as easy, and residents of Health Regions 3-Calgary (48%) and 6-Capital (49%) are significantly less likely to rate access to hospital services as easy.

Access to Hospital Services

"Overall, how difficult or easy was it to actually obtain these hospital services?"


% Difficult (1 and 2, out of 5)
% Easy (4 and 5, out of 5)
% Change 2003 to 2004
TOTAL ALBERTA 22% 22% 51% 52% -1%
1 - Chinook ↑ 13% 9% 68% 63% +5%
2 - Palliser 21% 8% 62% 72% -10%
3 - Calgary ↓ 27% 28% 48% 48% 0%
4 - David Thompson 22% 15% 54% 53% +1%
5 - East Central 14% 11% 63% 67% -4%
6 - Capital ↓ 20% 24% 49% 51% -2%
7 - Aspen 19% 22% 51% 51% 0%
8 - Peace Country 18% 15% 53% 54% -1%
9 - Northern Lights 26% 20% 56% 45% +11%
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
2004 (n=1,295)
2003 (n=980)

Base: Interacted with hospital services within the past year

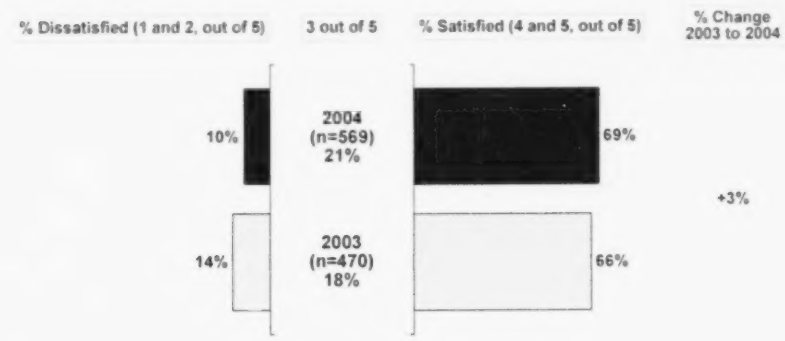
Overall Satisfaction with Hospital Care Personally Received

The majority of respondents are satisfied with hospital care services they personally received, showing a slight improvement over last year.

Close to seven-in-ten (69%) Albertans who have personally received hospital services this past year are satisfied with the services received. In contrast, just one-in-ten (10%) respondents are dissatisfied with hospital services they personally received. No significant changes have occurred over the past year with respect to satisfaction with hospital care services personally received. Results are not presented by health region given the small sample size.

Overall Satisfaction with Hospital Care Personally Received

"Thinking of the quality of care and services provided by the hospital staff, including doctors, nurses and other health care professionals, how satisfied are you with the hospital care you personally received within the past year?"



Base: Personally received hospital services within the past year

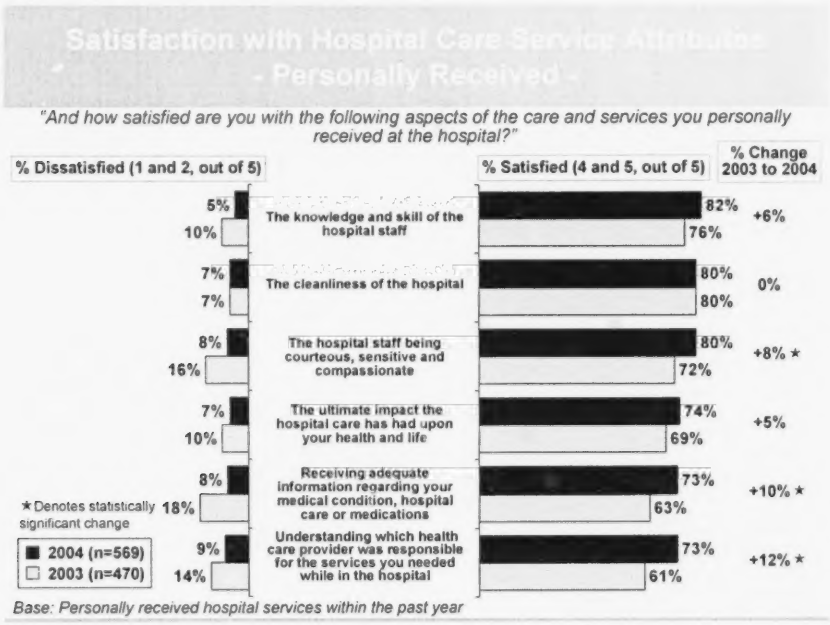
Satisfaction with Hospital Care Service Attributes Personally Received

In order to better understand satisfaction with hospital care services, Albertans who had personally received hospital services within the past year were further asked to rate their satisfaction with a series of 11 service attributes related to hospital services.

Satisfaction is stronger in 2004 with many hospital service attributes personally encountered, particularly in the area of communications.

Satisfaction with hospital care service attributes personally received range from 62% to 82%. At the high end of the ranking, 82% of respondents are satisfied with the knowledge of staff, 80% with the cleanliness of the hospital, and 80% with the hospital staff being courteous, sensitive and compassionate (significantly increased from 72% one year ago).

Further, more than seven-in-ten respondents express satisfaction with the ultimate impact the hospital care has had upon their health and lives (74%), receiving adequate information regarding their medical condition (73%, significantly improved from 63% last year), and with understanding which health care provider was responsible for the services required (73%, significantly improved by 12% from 61% in 2003).



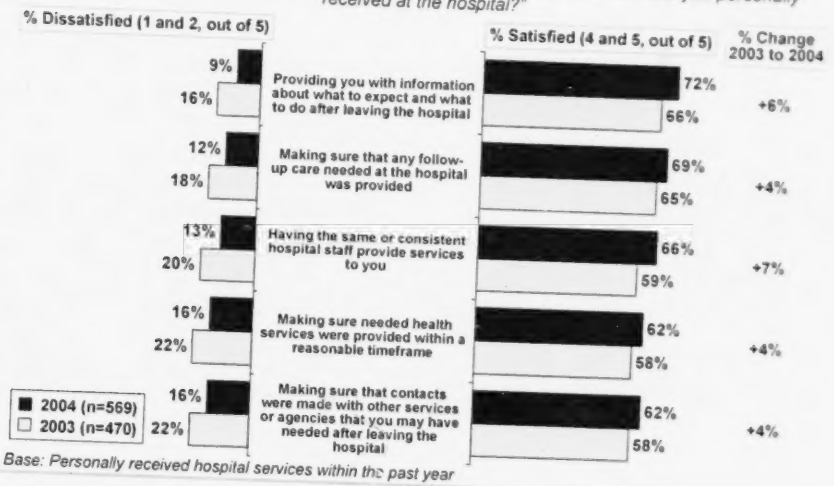
(. . . continued)

Next, 72% of respondents are satisfied with hospital staff providing information about what to expect and what to do after leaving the hospital. Slightly less than seven-in-ten respondents express satisfaction with making sure that follow-up care was provided to them (69%), and with having consistent hospital staff provide services (66%).

Satisfaction is relatively lower, however, with respect to providing hospital health services within a reasonable timeframe (62%), and with ensuring that contacts were made with other services or agencies that they may have needed after leaving the hospital (62%).

Satisfaction with Hospital Care Services Among Those Personally Received (cont'd)

"And how satisfied are you with the following aspects of the care and services you personally received at the hospital?"



Base: Personally received hospital services within the past year

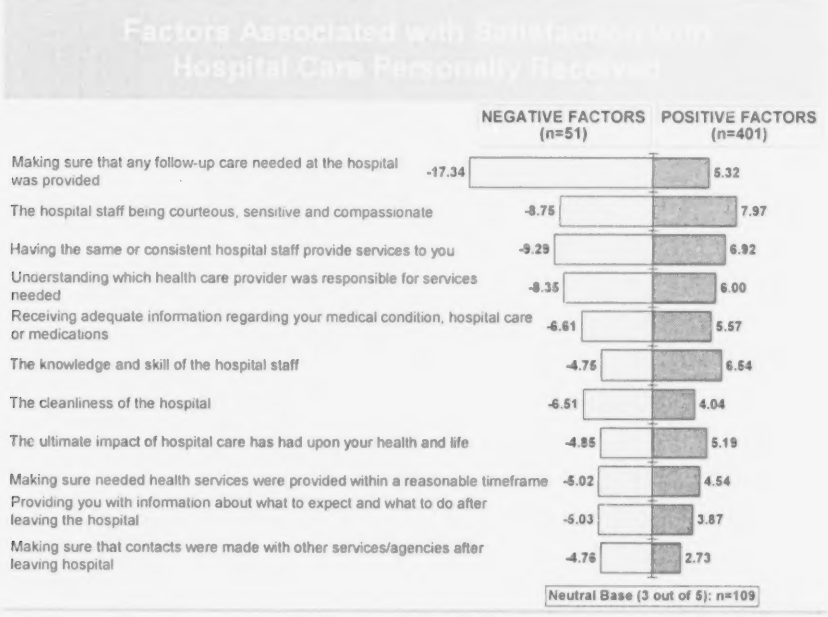
Factors Associated with Hospital Care Personally Received

A penalty-reward analysis of the factors associated with satisfaction and dissatisfaction with hospital services that Albertans have personally received was also conducted.

The most important areas of improvement with hospital services personally received relate to ensuring follow-up care was provided, courteousness, consistency of staff, understanding the roles of various hospital staff, receiving adequate information, and the knowledge of hospital staff.

Providing follow-up care to hospital patients is the factor with the greatest association with overall satisfaction with hospital services they personally received. However, the association is primarily related to *dissatisfaction*; when patients are dissatisfied with the follow-up care provided, they are significantly more likely to become dissatisfied with their hospital experience.

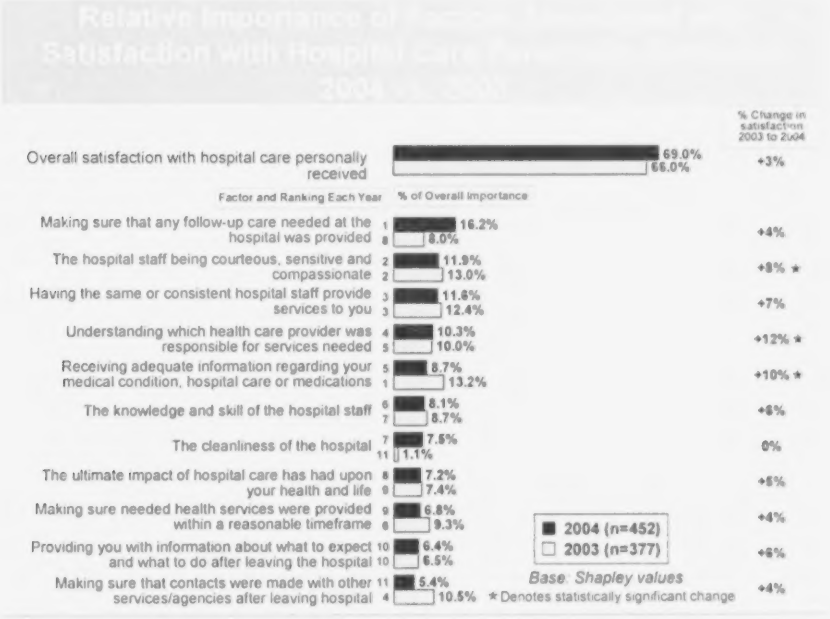
Several other factors are also importantly linked to overall satisfaction with hospital services personally received. Service attributes such as courteousness, consistency in staff and understanding which staff were responsible for services are relatively more important than other factors in impacting overall satisfaction with hospital services personally received. Next, receiving adequate information about medical conditions and the knowledge of staff are also important to overall satisfaction with hospital services. Positively, significant improvements have been made in several of the areas that act as key factors associated with satisfaction with hospital care services.


Factors Associated with Satisfaction with Hospital Care Personally Received
NEGATIVE FACTORS (n=51)
POSITIVE FACTORS (n=401)
Making sure that any follow-up care needed at the hospital was provided
-17.34
5.32
The hospital staff being courteous, sensitive and compassionate
-8.75
7.97
Having the same or consistent hospital staff provide services to you
-9.29
6.92
Understanding which health care provider was responsible for services needed
-8.35
6.00
Receiving adequate information regarding your medical condition, hospital care or medications
-6.61
5.57
The knowledge and skill of the hospital staff
-4.75
6.54
The cleanliness of the hospital
-6.51
4.04
The ultimate impact of hospital care has had upon your health and life
-4.85
5.19
Making sure needed health services were provided within a reasonable timeframe
-5.02
4.54
Providing you with information about what to expect and what to do after leaving the hospital
-5.03
3.87
Making sure that contacts were made with other services/agencies after leaving hospital
-4.76
2.73
Neutral Base (3 out of 5): n=109

The factors receiving the lowest satisfaction scores are not as important to overall satisfaction as are other factors: providing services within a reasonable timeframe; and ensuring appropriate contacts were made with other service providers required after leaving the hospital.

Comparing the Importance of Factors Associated with Satisfaction with Hospital Care Personally Received: 2004 vs. 2003

Overall satisfaction with hospital care personally received has not significantly changed over the past year.



When comparing the relative importance of factors associated with overall satisfaction with hospital care personally received in 2004 and 2003, the key differences to note are:

- Overall satisfaction with hospital services personally received has not significantly improved since 2003, although improvements to satisfaction with factors associated with overall satisfaction with hospital services personally received have occurred.
- The key factor associated with overall satisfaction with satisfaction with hospital services personally received has changed over the past year. Making sure that follow-up care was provided is now twice as important than in 2003, while last year's most important factor (receiving adequate information about your condition, etc.) is now relatively less important to overall satisfaction in this area.

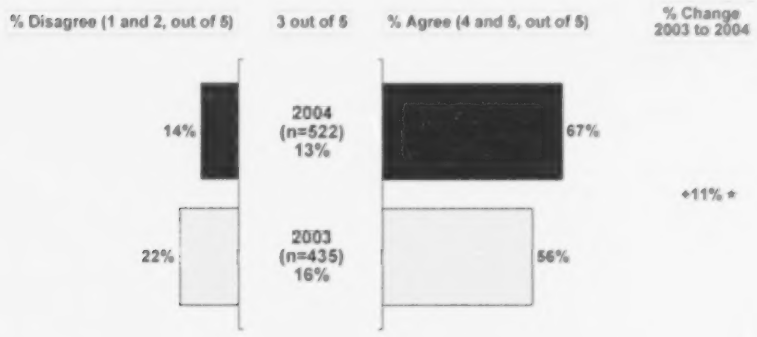
Family Doctor Informed of Hospital Care Personally Received

Those personally receiving hospital services this past year are more inclined to feel their family doctor was informed about the treatment they received in comparison to last year.

Approximately two-thirds (67%) of Albertans who personally received hospital services and who have a family doctor believe their family doctor was informed about the treatment they received in the hospital. This has significantly risen by 11% since 2003 (56%). On the other hand, 14% of respondents disagree that their family doctor was informed of the treatment they received (decreased from 22% last year). An additional 13% of respondents provided a neutral response (3 out of 5), 6% had not yet gone back to see their family doctor and 2% were unsure.

Family Doctor Informed Following Hospital Care Personally Received

"To what extent do you agree or disagree that your personal family doctor was informed about the treatment you received in the hospital when you next visited him/her?"



*Denotes statistically significant change

Base: Personally received hospital services within the past year and have a family doctor

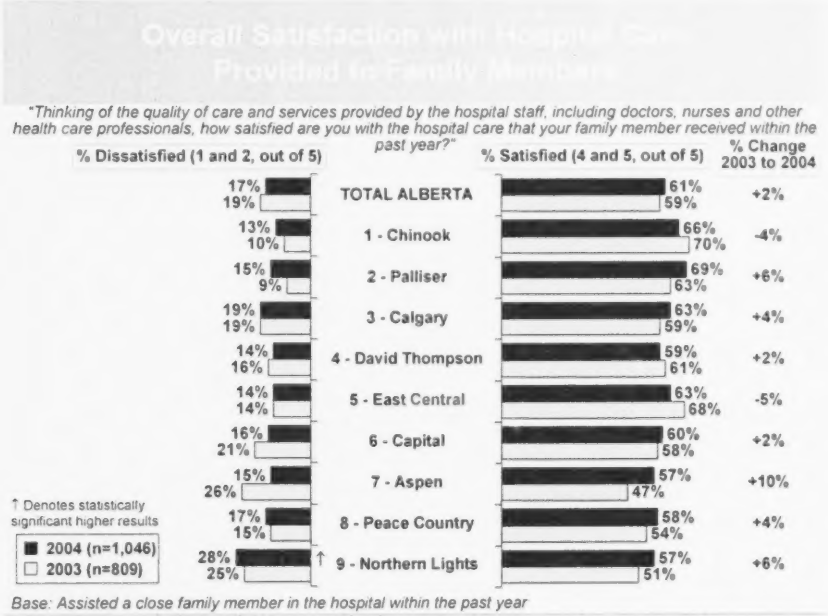
Overall Satisfaction with Hospital Care Provided to Family Members

In 2004, 24% of Albertans had assisted a close family member with hospital services. These particular respondents were asked questions related to their satisfaction with the hospital services their close family member received.

Satisfaction with hospital services provided to family members is lower than satisfaction expressed for hospital services personally received.

A total of 69% of Albertans who personally received hospital services expressed satisfaction with the services they received. In comparison, 61% of respondents who assisted a close family member with hospital services this past year are satisfied with the hospital services their family member received (similar to 59% satisfied in 2003). On the other hand, 17% of respondents are dissatisfied with these services and 22% are neutral (ratings of 3 out of 5).

Satisfaction with hospital services provided to family members has not changed significantly across health regions. Currently, satisfaction with such hospital services does not vary significantly among health regions. However, dissatisfaction with hospital services provided to family members is significantly higher in Health Region 9-Northern Lights (28%).


Overall Satisfaction with Hospital Care Provided to Family Members
"Thinking of the quality of care and services provided by the hospital staff, including doctors, nurses and other health care professionals, how satisfied are you with the hospital care that your family member received within the past year?"
% Dissatisfied (1 and 2, out of 5)
% Satisfied (4 and 5, out of 5)
% Change 2003 to 2004
TOTAL ALBERTA 17% 19% 61% 59% +2%
1 - Chinook 13% 10% 66% 70% -4%
2 - Palliser 15% 9% 69% 63% +6%
3 - Calgary 19% 19% 63% 59% +4%
4 - David Thompson 14% 16% 59% 61% +2%
5 - East Central 14% 14% 63% 68% -5%
6 - Capital 16% 21% 60% 58% +2%
7 - Aspen 15% 26% 57% 47% +10%
8 - Peace Country 17% 15% 58% 54% +4%
9 - Northern Lights 28% 25% ↑ 57% 51% +6%
↑ Denotes statistically significant higher results
2004 (n=1,046)
2003 (n=809)
Base: Assisted a close family member in the hospital within the past year

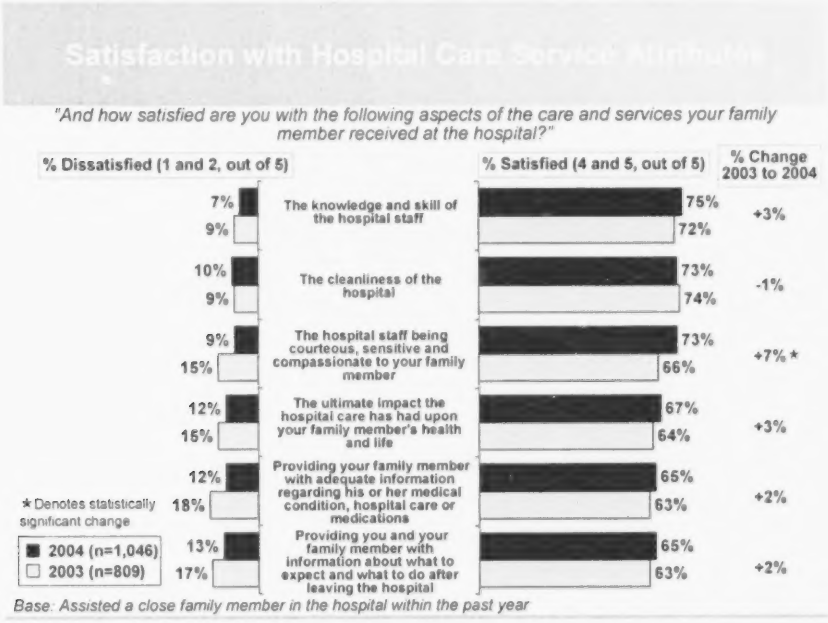
Satisfaction with Hospital Care Service Attributes: Family Members

Albertans who had assisted a close family member with hospital services within the past year were further asked to rate their satisfaction with a series of 12 service attributes related to hospital services.

Satisfaction with specific aspects of hospital services provided to family members has remained fairly stable over the past year, with a significant improvement noted in the area of courteousness shown to family members.

Albertans who assisted family members with hospital services express satisfaction in the range of 55% to 75% for various service attributes related to the care their family member received. Satisfaction is strongest in relation to the knowledge of staff (75%), the cleanliness of hospitals (73%), and the hospital staff being courteous, sensitive and compassionate (73% which has significantly increased from 66% in 2003).

Approximately two-thirds of respondents are satisfied with outcomes resulting from the hospital care their family member received (67%), providing their family member with adequate information regarding the medical condition at hand (65%), and providing information about what to expect and what to do after leaving the hospital (65%).



Base: Assisted a close family member in the hospital within the past year

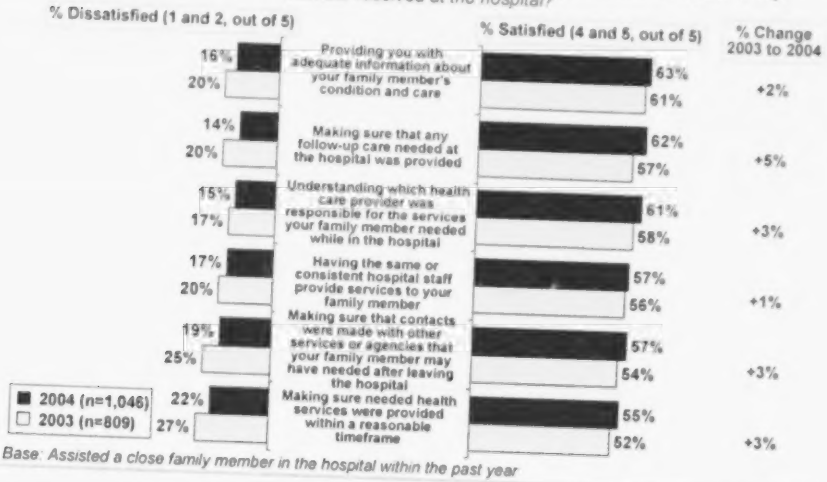
(. . . continued)

Next, at least six-in-ten respondents are satisfied with being provided with adequate information about their family member's condition and care (63%), with making sure that follow-up care was provided (62%), and with understanding which health care provider was responsible for the services their family member received (61%).

The items that receive relatively lower satisfaction scores relate to having consistent staff (57%), making sure that contacts were made with other health care providers their family member may need after leaving the hospital (57%), and providing health services within a reasonable timeframe (55%).

Satisfaction with Hospital Care Services (cont'd)

"And how satisfied are you with the following aspects of the care and services your family member received at the hospital?"



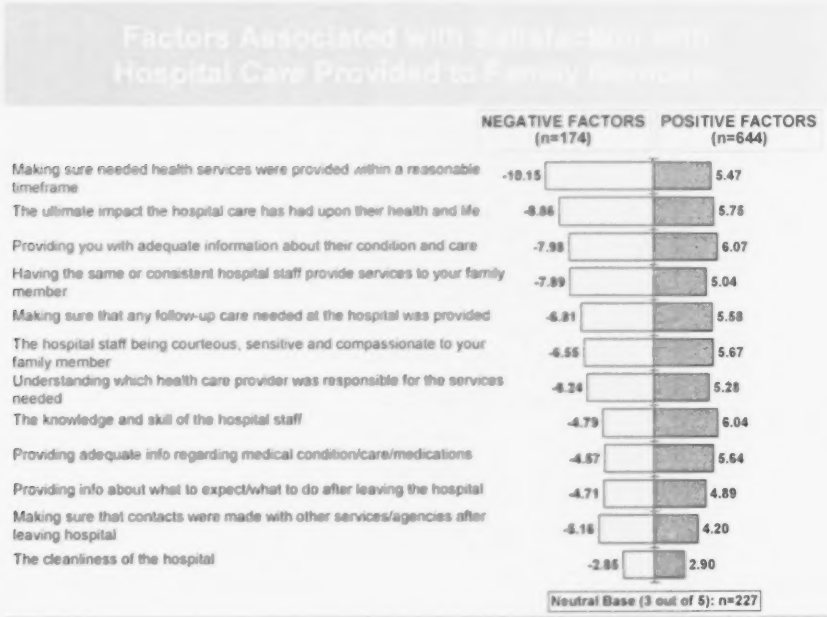
Base: Assisted a close family member in the hospital within the past year

Factors Associated with Satisfaction with Hospital Services Provided to Family Members

A penalty-reward analysis of the factors associated with satisfaction and dissatisfaction with hospital services that Albertans' family members have received was also conducted.

Many areas are importantly associated with satisfaction with hospital services provided to family members. The factors carrying the largest impact involve the timely provision of services, outcomes, receiving adequate information about the condition and care of family members, and having consistent staff.

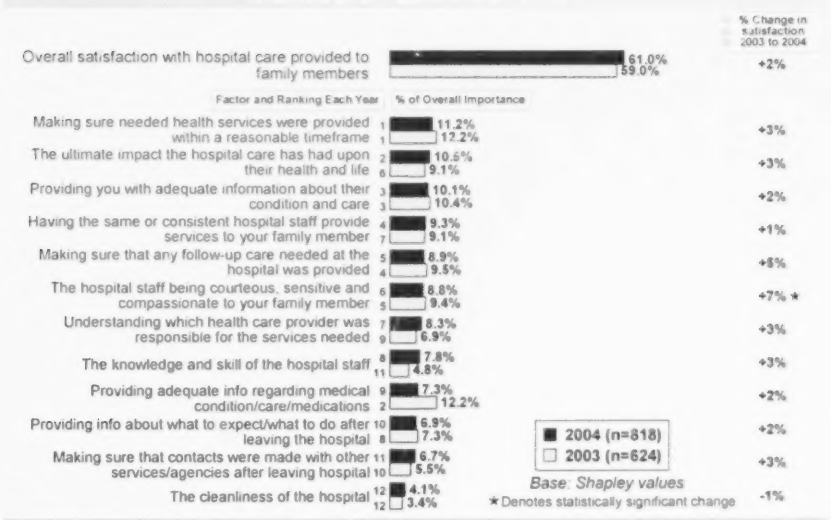
There is not any single factor or grouping of factors that are markedly important, relative to each other, when looking at factors associated with satisfaction with hospital care provided to family members. In terms of the greatest magnitude of the importance of factors, the timely provision of services tops the list and impacts *dissatisfaction* in this area to a greater extent than satisfaction. This service attribute receives the lowest satisfaction scores across all attributes measured, thus representing a key opportunity for improvement.


NEGATIVE FACTORS (n=174)
POSITIVE FACTORS (n=644)
Making sure needed health services were provided within a reasonable timeframe
-10.15
5.47
The ultimate impact the hospital care has had upon their health and life
-8.86
5.78
Providing you with adequate information about their condition and care
-7.98
6.07
Having the same or consistent hospital staff provide services to your family member
-7.89
5.04
Making sure that any follow-up care needed at the hospital was provided
-6.81
5.58
The hospital staff being courteous, sensitive and compassionate to your family member
-6.55
5.67
Understanding which health care provider was responsible for the services needed
-6.24
5.28
The knowledge and skill of the hospital staff
-4.79
6.04
Providing adequate info regarding medical condition/care/medications
-4.57
5.64
Providing info about what to expect/what to do after leaving the hospital
-4.71
4.89
Making sure that contacts were made with other services/agencies after leaving hospital
-5.16
4.20
The cleanliness of the hospital
-2.85
2.90
Neutral Base (3 out of 5): n=227

Next, outcomes resulting from hospital care provided to family members, receiving adequate information about family members' condition and care, and having consistent staff are also relatively more important than many other factors related to satisfaction with hospital services provided to family members. Other factors are not *unimportant* to overall satisfaction; rather, they are less important in relation to the top-ranked factors mentioned.

Comparing the Importance of Factors Associated with Satisfaction with Hospital Care Provided to Family Members: 2004 vs. 2003

Overall satisfaction with hospital care provided to family members has not significantly changed over the past year.



When comparing the relative importance of factors associated with overall satisfaction with hospital care provided to family members in 2004 and 2003, the key differences to note are:

- Overall satisfaction with hospital care provided to family members has not significantly improved since 2003 – although slight improvements with factors associated with overall satisfaction have occurred in many areas.
- The key factor associated with overall satisfaction with hospital services provided to family members has not changed: making sure needed health services were provided in a reasonable timeframe.
- The relative importance of many factors associated with satisfaction with hospital services provided to family members is similar: many factors contribute to satisfaction in this area.

Location of Hospital Services Received

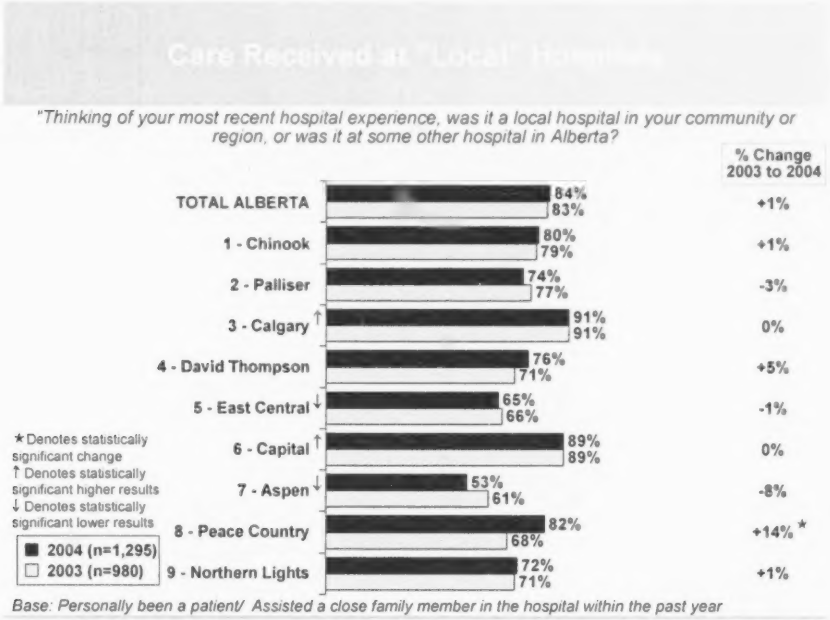
Care Received at Local vs. Other Hospitals

Most Albertans report having received hospital services in their local community.

Albertans who interacted with hospital services this past year were asked to identify whether they were at a local hospital in their community or region, or at another hospital in Alberta. Most (84%, similar to 83% in 2003) Albertans report that they received hospital services from a local hospital.

Across health regions, residents in Health Region 8-Peace Country register a significant increase in the proportion of those reporting to have received hospital care in a local community (82% in 2004 vs. 68% in 2003).

Overall, respondents in Health Regions 3-Calgary (91%) and 6-Capital (89%) are significantly more likely to report receiving hospital services locally. In contrast, residents in Health Regions 5-East Central (65%) and 7-Aspen (53%) are significantly less likely to indicate they or their family member received hospital care locally.

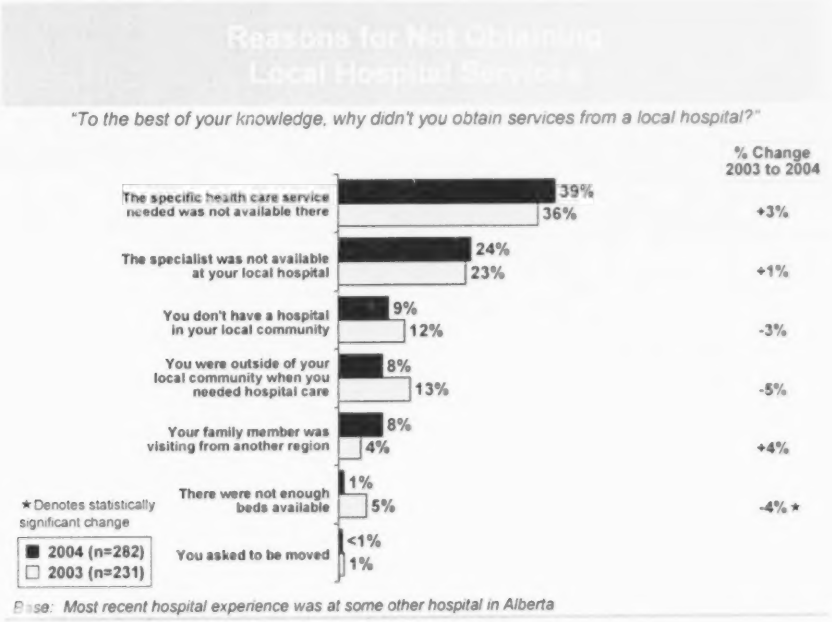

"Thinking of your most recent hospital experience, was it a local hospital in your community or region, or was it at some other hospital in Alberta?
% Change 2003 to 2004
TOTAL ALBERTA 84% 83% +1%
1 - Chinook 80% 79% +1%
2 - Palliser 74% 77% -3%
3 - Calgary ↑ 91% 91% 0%
4 - David Thompson 76% 71% +5%
5 - East Central ↓ 65% 66% -1%
6 - Capital ↑ 89% 89% 0%
7 - Aspen ↓ 53% 61% -8%
8 - Peace Country 82% 68% +14% ★
9 - Northern Lights 72% 71% +1%
★ Denotes statistically significant change
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
2004 (n=1,295)
2003 (n=980)
Base: Personally been a patient/ Assisted a close family member in the hospital within the past year

Reasons for Not Obtaining Local Hospital Services

A hospital not providing the health care service needed is the main reason for traveling to hospitals outside one's local community.

Those who interacted with hospital services in a hospital located outside of their local community explain that the specific health care service needed was not available in their local hospital (39%), or that the specialist they needed was not available at their local hospital (24%).

An additional 9% of these respondents say they do not have a hospital in their local community, 8% report being outside of their local community when they needed hospital care, and 8% say their family member was visiting from outside their region. Further, 1% of respondents indicate that there were not enough beds available or that they asked to be moved to a hospital outside of their local community.



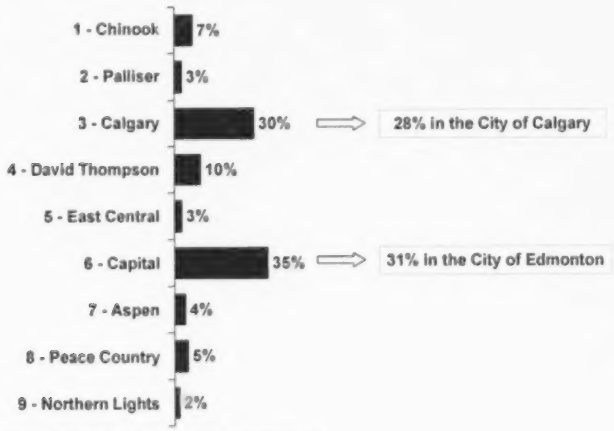
Actual Location of Hospital Services Personally Received

The majority of those who personally received hospital care used hospitals located in the cities of Calgary and Edmonton.

In 2004, another measure to test the location of hospital care received was incorporated. Respondents identified the city or town in which hospital services were received, and responses were grouped by health region for analysis. Among only those who personally received hospital care this past year, 28% report receiving this care in the city of Calgary and 31% say they received hospital services in the city of Edmonton. Far fewer respondents received hospital services in all other health regions.

Location of Hospital Services Personally Received

"In which city or town were you most recently a patient in an Alberta hospital?"



Base: Personally received hospital services within the past year (n=569)

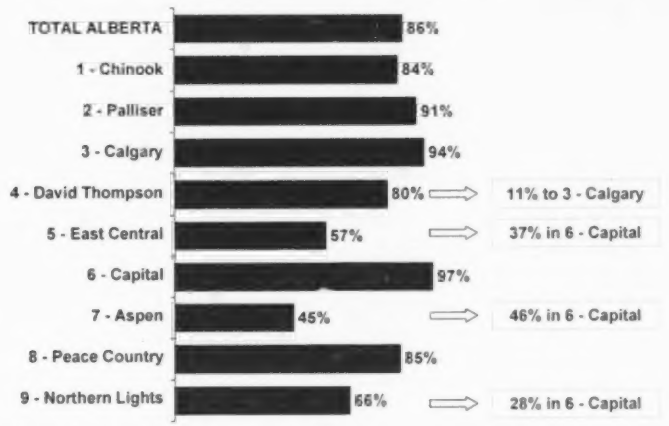
Proportion of Hospital Services Received in Own RHA

Most Albertans are receiving hospital care in their local health regions, but Capital Health Region is also accommodating residents from several regions and Calgary Health Region is also taking in some neighbouring residents.

A considerable majority (86%) of Albertans who have personally received hospital services this past year report having received these services within their own health region. This is most likely to occur in Health Regions 3-Calgary (94%) and 6-Capital (97%). However, a minority of residents in Health Region 7-Aspen (45%) indicates they received hospital care in their own health region, with a similar proportion (46%) traveling to Health Region 6-Capital instead. Residents in Health Regions 5-East Central (57%) and 9-Northern Lights (66%) are less likely to report having personally received hospital services in their own health regions, and are also most often traveling to Health Region 6-Capital to receive this care.

Proportion of Hospital Services Received in Own RHA

"In which city or town were you most recently a patient in an Alberta hospital?"



Base: Received hospital services within the past year (n=569)

SURGICAL SERVICES

Interaction with Surgical Services

Albertans have had significantly higher interaction with surgical services in 2004.

Nine percent of Albertans have had interactions with surgical services. Specifically, 7% of Albertans have received surgery in the past year and 6% have been waiting for surgery within the past year (up significantly from 5% in 2003).

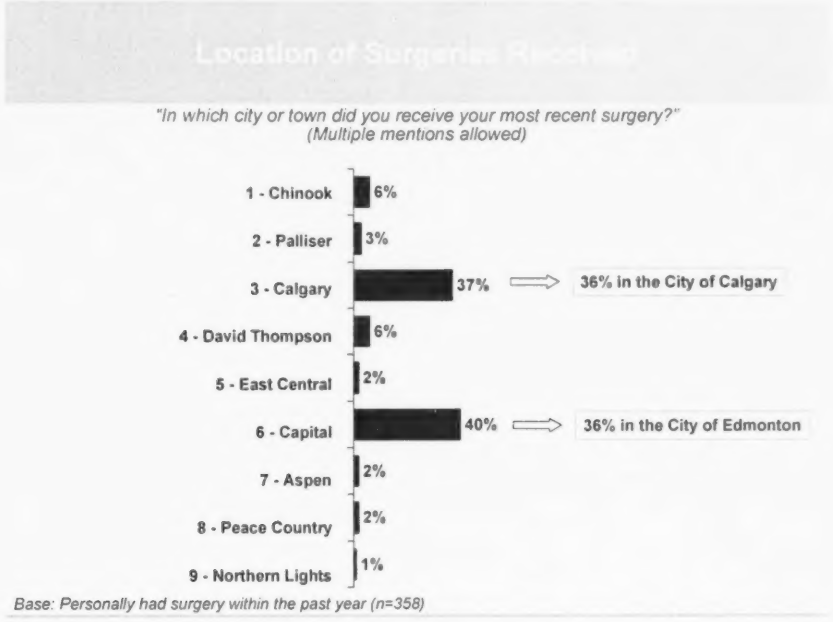
Albertans more likely to have interacted with surgical services include:

- Females (11%) vs. males (8%); and
- Albertans 35 to 54 years (10%) vs. those aged 18 to 34 years old (7%).

Location of Surgeries Received

The majority of surgeries are taking place in the cities of Calgary and Edmonton.

Of those who had surgery in the past year, the bulk of those surgeries occurred in Health Regions 3-Caglary (37%) and 6-Capital (40%). Within each of these regions, about one-third of the surgeries took place in each of the cities of Calgary (36%) and Edmonton (36%).



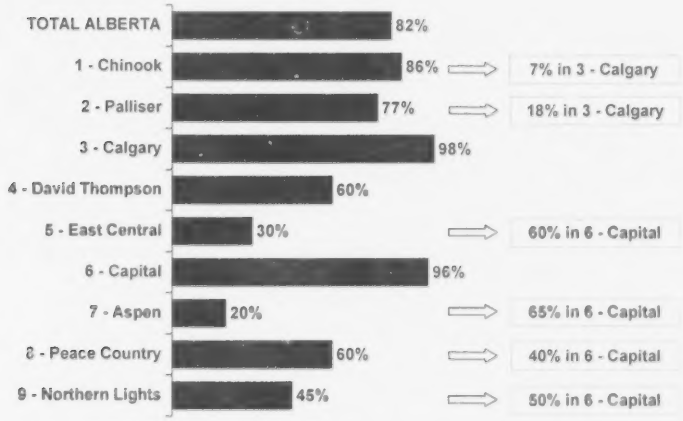
Proportion of Surgeries Received in Own RHA

Overall, surgeries are being performed within the boundaries of the residents' RHA, with the exception of specific health regions depending more on Health Regions 6-Capital and 3-Calgary.

More than eight-in-ten (82%) Albertans who have had surgery within the past year received the surgery within their own health region. However, only 30% of residents in Health Region 5-East Central, 20% of residents in Health Region 7-Aspen, and 45% of residents in Health Region 9-Northern Lights are receiving surgery within their own RHA. Residents of these regions are more likely to travel to the Capital Health Region to receive surgery than they are to receive surgery within their own health region. As well, certain residents of Health Regions 1-Chinook and 2-Palliser are traveling to Health Region 3-Calgary to receive surgery.

Proportion Receiving Surgery in Own RHA

"In which city or town did you receive your most recent surgery?"
(Multiple mentions allowed)

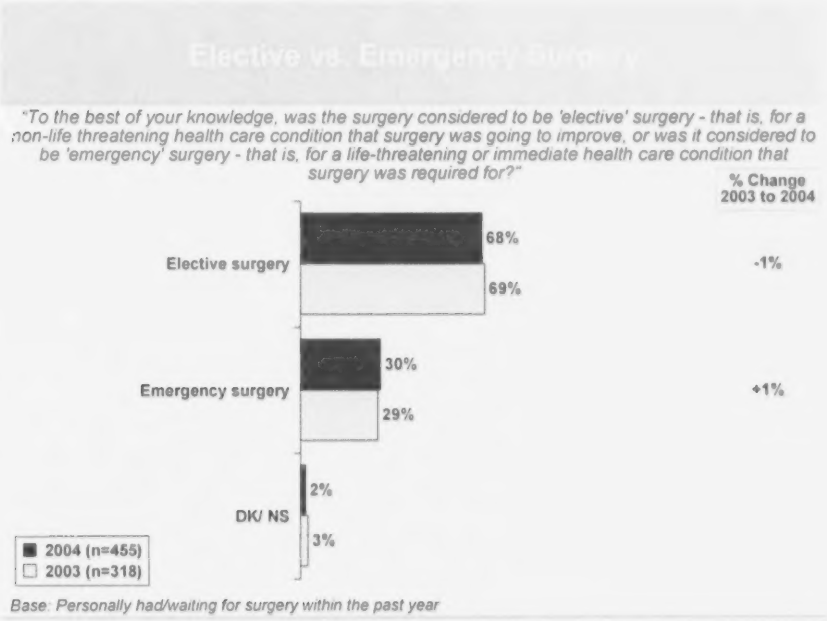


Base: Personally had surgery within the past year (n=358)

Elective vs. Emergency Surgery

The majority of surgeries performed in Alberta are perceived to be elective surgeries.

Among Albertans who interacted with surgical services within the past year, two-thirds (68%) indicate that their surgery was considered to be elective which is relatively unchanged from 2003 (69%). On the other hand, three-in-ten (30%) Albertans indicate that their surgery was considered to be an emergency.


"To the best of your knowledge, was the surgery considered to be 'elective' surgery - that is, for a non-life threatening health care condition that surgery was going to improve, or was it considered to be 'emergency' surgery - that is, for a life-threatening or immediate health care condition that surgery was required for?"
% Change 2003 to 2004
Elective surgery
68%
69%
-1%
Emergency surgery
30%
29%
+1%
DK/ NS
2%
3%
2004 (n=455)
2003 (n=318)

Base: Personally had/waiting for surgery within the past year

Albertans who have had *emergency* surgery within the past year are more likely to:

- Feel it was easy to obtain the surgical medical services needed (69%) vs. respondents who had elective surgery (52%);
- Be satisfied with the amount of time it took to schedule the surgery (78%) vs. respondents who had elective surgery (50%); and,
- Be satisfied with the knowledge and competence of the surgeon (96%) vs. respondents who had elective surgery (88%).

Those who have had *elective* surgery within the past year are more likely to:

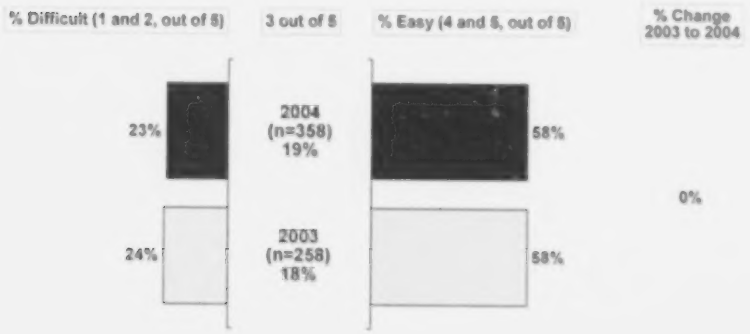
- Be dissatisfied with any follow-up health care they have received since the surgery (17%) vs. respondents who had emergency surgery (7%).

Access to Surgical Services

The ease of obtaining surgical services continues to be rated relatively low.

Albertans who had surgery within the past year were asked to rate the ease or difficulty of obtaining the surgical services they needed. Six-in-ten (58%) Albertans feel it was easy to obtain the needed surgical services, which is identical to the result reported in 2003 (58%). Conversely, two-in-ten (23%) Albertans feel it was difficult, while 19% rate the ease of accessing surgery as moderate (ratings of 3 out of 5). Overall, the accessibility of surgical services is ranked fairly moderately among the other health care service delivery areas evaluated in this study.

"How difficult or easy was it to actually obtain the surgical medical services you needed?"



Base: Personally had surgery within the past year

Those more likely to feel it was easy to access the needed surgical medical services include:

- Albertans aged 55+ (76%) vs. those aged 18 to 34 years old (55%) or 35 to 54 years old (51%); and
- Those without children under the age of 16 (64%) vs. those with children under the age of 16 years (50%).

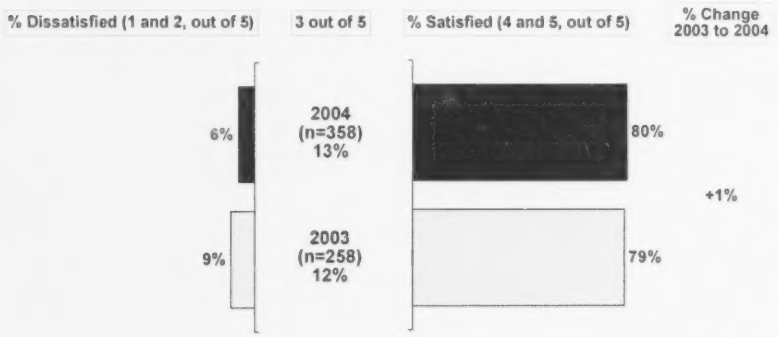
Overall Satisfaction with Surgical Services

Albertans continue to be quite satisfied with the surgical services received.

In comparison to other health care service areas, satisfaction with surgical services received ranks relatively high. Eight-in-ten (80%) Albertans who have had surgery are satisfied with the surgical services they received, which is relatively unchanged from 2003 (79%). On the other hand, only six percent (6%) are dissatisfied, and the remaining 13% rate their satisfaction as moderate (ratings of 3 out of 5).

Overall Satisfaction with Surgical Services

"How satisfied are you with the surgical health care services you received?"



Base: Personally had surgery within the past year

Those more likely to be satisfied with surgical services received include:

- Albertans aged 55+ (89%) vs. those aged 35 to 54 years old (73%); and
- Those without children <16 years (91%) vs. those with children <16 years (65%).

As ratings of the ease of access to surgical services increases, ratings of satisfaction with surgical services also increases.

Among Albertans who report they had a difficult experience accessing surgical services, 56% say they are satisfied with the surgical services they received, compared to 18% who say they are dissatisfied. Satisfaction climbs to 72% among those who rate access as being moderate and the percentage of those who are dissatisfied drops to seven percent (7%). Among those who say access was easy, satisfaction climbs to 93% with only 1% who are dissatisfied.

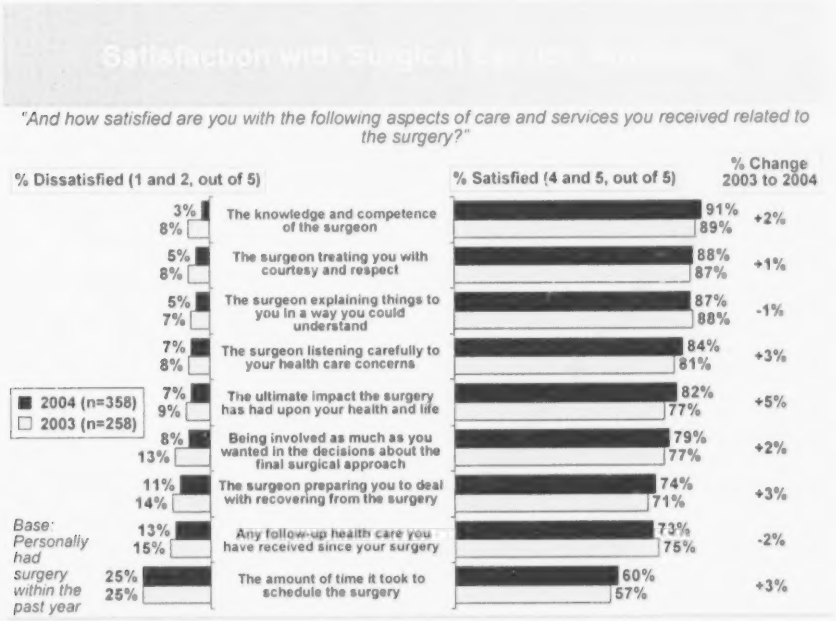
Satisfaction with Surgical Service Attributes

Respondents who report they have personally had surgery within the past year were asked to rate their satisfaction with nine specific service attributes related to the surgery.

Satisfaction remains solid with the array of service attributes related to surgical services, yet satisfaction with the timeliness of scheduling the surgery is comparatively lower.

The vast majority (91%) of respondents who have personally received surgery this past year are satisfied with the competence of their surgeon. Satisfaction is also strong with respect to the surgeon treating patients with courtesy and respect (88%) and the surgeon explaining things lay-terms (87%). Further, more than eight-in-ten respondents are satisfied with the surgeon listening carefully to health concerns (84%) and with the ultimate impact the surgery had upon their health and lives (82%).

As well, the majority of respondents are satisfied with being involved in decisions (79%), with the surgeon preparing them to deal with recovering from the surgery (74%) and with follow-up care received since the surgery (74%). Satisfaction continues to be relatively lower, however, with respect to the amount of time it took to schedule the surgery (60%).

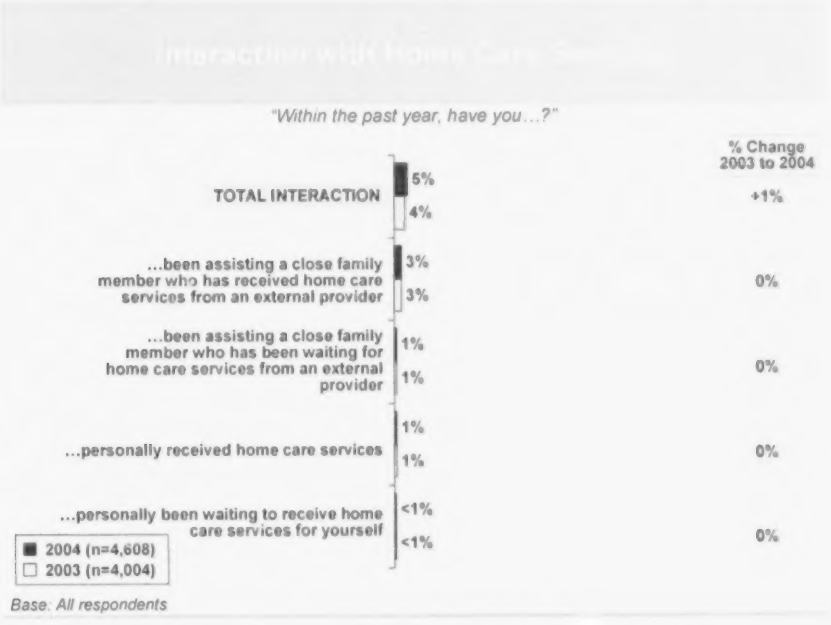

"And how satisfied are you with the following aspects of care and services you received related to the surgery?"
% Dissatisfied (1 and 2, out of 5)
% Satisfied (4 and 5, out of 5)
% Change 2003 to 2004
2004 (n=358)
2003 (n=258)
Base: Personally had surgery within the past year
The knowledge and competence of the surgeon
3% 8% 91% 89% +2%
The surgeon treating you with courtesy and respect
5% 8% 88% 87% +1%
The surgeon explaining things to you in a way you could understand
5% 7% 87% 88% -1%
The surgeon listening carefully to your health care concerns
7% 8% 84% 81% +3%
The ultimate impact the surgery has had upon your health and life
7% 9% 82% 77% +5%
Being involved as much as you wanted in the decisions about the final surgical approach
8% 13% 79% 77% +2%
The surgeon preparing you to deal with recovering from the surgery
11% 14% 74% 71% +3%
Any follow-up health care you have received since your surgery
13% 15% 73% 75% -2%
The amount of time it took to schedule the surgery
25% 25% 60% 57% +3%

No significant differences emerge between 2004 and 2003 ratings of these service attributes. Sample sizes for surgery received prohibit the application of a penalty-reward analysis in this area.

HOME CARE SERVICES

Interaction with Home Care Services

Just 5% of Albertans state they have interacted with home care services in the past year, either personally or for a close family member. This measure is consistent with 2003, where 4% of Albertans reported interacting with home care services. Specifically, 3% of Albertans say they have been assisting a close family member who has received home care services from an external provider, 1% report they have been assisting a close family member who has been waiting for home care services from an external provider, 1% have personally received home care services, and less than 1% have personally been waiting to receive home care services.



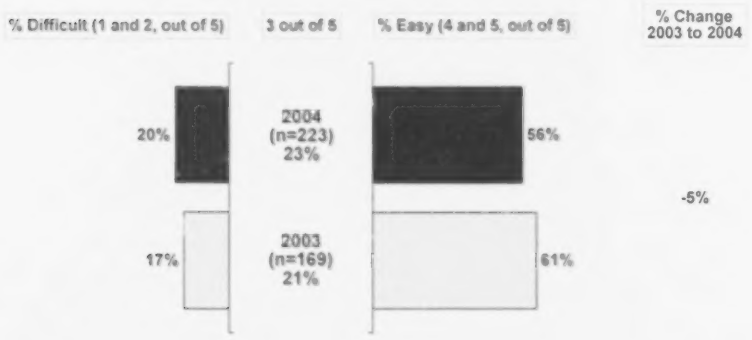
Access to Home Care Services

Ease of accessing home care services remains relatively low and has slightly decreased over the past year.

Albertans who had any interaction with home care services within the past year were further asked to rate the accessibility of home care services in Alberta. Overall, over half (56%) of Albertans report it was easy to obtain home care services (61% in 2003). Conversely, two-in-ten (20%) report that it was difficult to obtain home care services, and 23% rate the ease of access as moderate (ratings of 3 out of 5).

Access to Home Care Services

"How difficult or easy was it or has it been to actually obtain home care services?"



Base: Received/ been waiting for home care services within the past year

Those more likely to feel it was easy to access home care services include:

- Albertans aged 55 years and older (69%) vs. Albertans aged 35 to 54 years old (48%); and
- Those with an annual household income of less than $30K (76%).

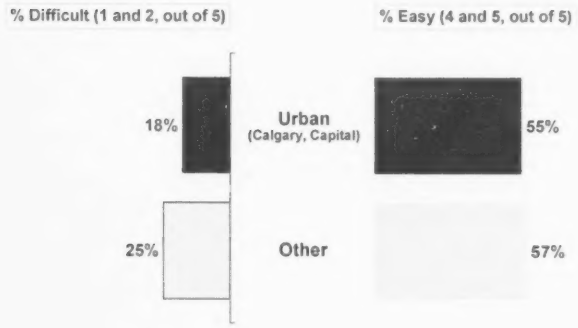
Access to Home Care Services: Urban vs. Other RHAs

The ease of accessing home care services is similar whether in urban or rural health regions.

Just more than one-half (55%) of Albertans who live in urban health regions (3-Calgary and 6-Capital) and who interacted with home care services this past year say that it was easy to access these home care services. In comparison, a similar proportion (57%) of Albertans who reside in rural health regions believe that it was easy to access home care services.

Access to Home Care Services - Urban vs. Other RHAs -

"How difficult or easy was it or has it been to actually obtain home care services?"



Base: n=223

Overall Satisfaction with Home Care Services Personally Received

Satisfaction with home care services personally received remains high.

Given the very small proportion of Albertans who have personally received home care services (n=63), caution should be taken when interpreting these satisfaction measurements. Overall, satisfaction with home care services personally received remains strong (80% in both 2004 and 2003).

Respondents list a variety of reasons for their **satisfaction** with home care services they personally received. Two main themes related to satisfaction emerge:

- Staff approach:
  - Being well-trained and knowledgeable;
  - Helpfulness;
  - Being friendly and cheerful;
  - Being caring and compassionate; and
  - Being courteous and polite.
- Availability and timeliness:
  - Punctuality; and
  - Availability when home care was required.

Just one respondent expressed dissatisfaction with home care services received.

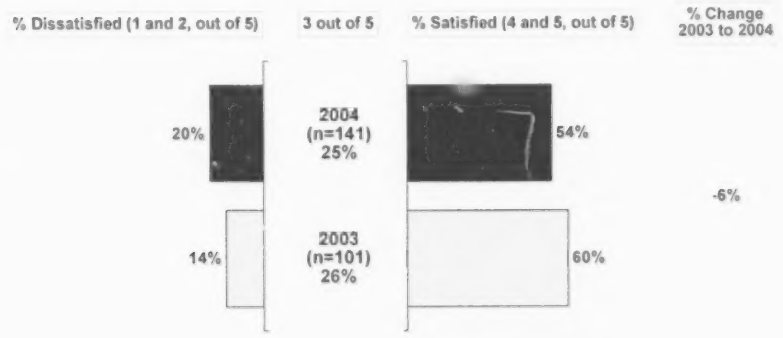
Overall Satisfaction with Home Care Services Provided to Family Members

Satisfaction with home care provided to family members is relatively low and has somewhat decreased since last year.

In comparison to other health care service areas evaluated, satisfaction with home care services provided to family members is relatively low. Just over one-half (54%) of respondents are satisfied with the home care services provided to their family. Conversely, two-in-ten (20%) are dissatisfied with the home care services provided, and one-quarter (25%) express neutral satisfaction levels (ratings of 3 out of 5) with the home care services provided to their family members.

Overall Satisfaction with Home Care Services Provided to Family Members

"How satisfied are you with the home care services your close family member has received within the past year?"



Base: Been assisting a close family member who has received home care services within the past year

Respondents list a variety of reasons for their **satisfaction** with services received from home care services for their close family member. The main themes related to satisfaction with home care services provided to family members include:

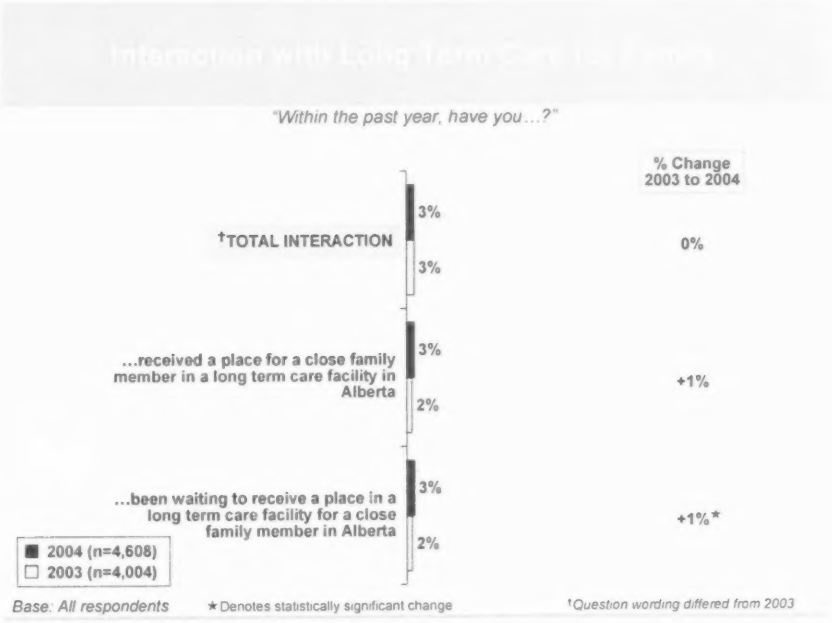
- Availability and timeliness:
  - Availability when home care was required;
  - Timeliness (home care staff came right away); and
  - Good contact and communication.
- Staff approach:
  - Helpfulness;
  - Being well-trained and knowledgeable;
  - Being courteous and polite;
  - Being friendly and cheerful; and,
  - Being caring and compassionate.

A total of 26 respondents expressed **dissatisfaction** with the home care services their family member received. In general, dissatisfaction is related to poorly trained staff, difficulties in accessing services, waiting too long for services, not spending enough time with patients, poor communication and customer service related items.

LONG TERM CARE SERVICES

Interaction with Long Term Care Services for Family Members

Only 3% of Albertans state they have interacted with long term care services regarding a close family member in the past year. Specifically, 3% of Albertans report they have received a place for a close family member in a long term care facility in Alberta and 3% report they have been waiting to receive a place in a long term care facility for a close family member in Alberta.

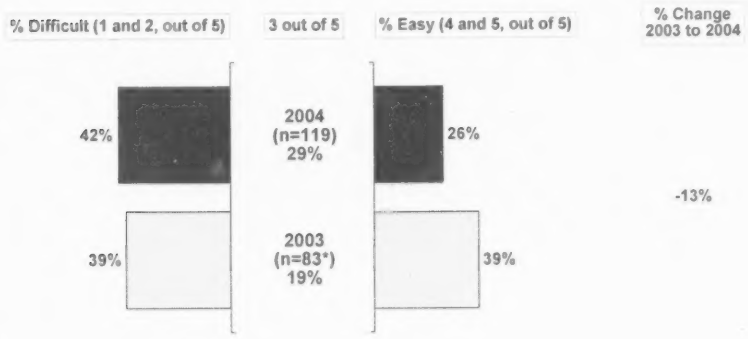

Interaction with Long Term Care for Family
"Within the past year, have you...?"
% Change 2003 to 2004
†TOTAL INTERACTION
3%
3%
0%
...received a place for a close family member in a long term care facility in Alberta
3%
2%
+1%
...been waiting to receive a place in a long term care facility for a close family member in Alberta
3%
2%
+1%★
2004 (n=4,608)
2003 (n=4,004)
Base: All respondents
★Denotes statistically significant change
†Question wording differed from 2003

Access to Long Term Care Services for Family Members

The ease of accessing long term care services for family members was already low and is showing a downward trend.

Across the health care service areas evaluated, access to long term care services for family members ranks lowest. Overall, only 26% of Albertans who have interacted with long term care services this past year report it was easy to find a place in a long term care facility for a close family member, a 13% drop from 2003 (39%). Conversely, 42% report that it was difficult to find a long term care facility for a close family member, and 29% of respondents rate the ease of access as moderate (ratings of 3 out of 5). Caution should be taken with these results as they are based on small sample sizes.

"How difficult or easy was it to find a place in a long term care facility for your close family member?"



*Caution: Small sample size
Base: Received long term care facility placement for close family member within the past year

IHQCA

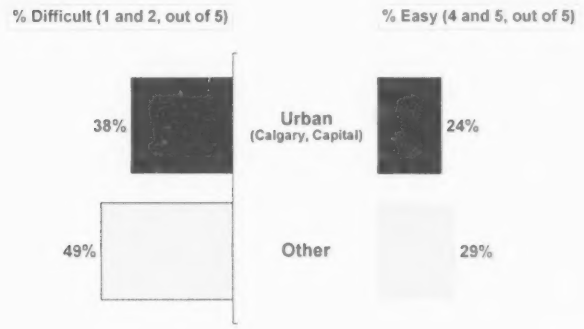
Access to Long Term Care Services for Family Members: Urban vs. Other RHAs

The ease of accessing long term care services is similar whether in urban or rural health regions.

One-quarter (24%) of Albertans who live in urban health regions (3-Calgary and 6-Capital) and who interacted with long term care services for their close family member this past year say that it was easy to access these long term care services. In comparison, a similar proportion (29%) of this subset of Albertans who reside in rural health regions believes that it was easy to access long term care services.

Access to Long Term Care Services for Family
- Urban vs. Other RHAs

"How difficult or easy was it or was it to find a place in a long term care facility for your close family member?"



Base: n=119

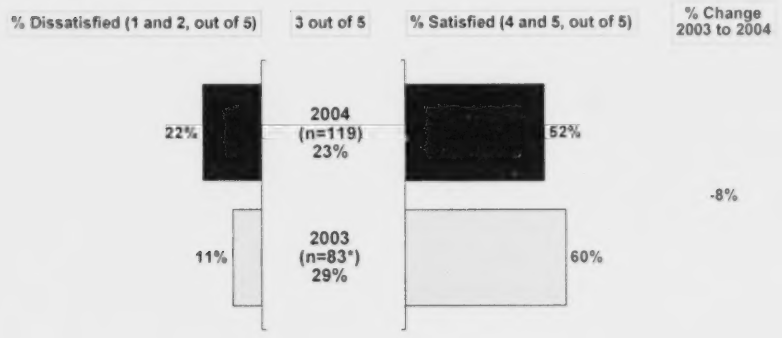
Overall Satisfaction with Long Term Care Services for Family

Satisfaction with long term care services provided to family members was already ranked at the very low-end of the list of health care service areas evaluated, and is becoming worse.

In comparison to other health care service areas assessed, satisfaction with long term care services provided to family members ranks quite low. Just over one-half (52%) of respondents who interacted with long term care services for their family members are satisfied with the services provided by the long term care facility. Conversely, two-in-ten (22%) are dissatisfied with the services provided by the long term care facility, and 23% of respondents express neutral satisfaction levels (ratings of 3 out of 5) with the services provided by the long term care facility. Caution should be taken with these results as they are based on small sample sizes.

Overall Satisfaction with Long Term Care for Family

"How satisfied are you with the services provided by the long term care facility to your close family member?"



*Caution: Small sample size
Base: Received long term care facility placement for close family member within the past year

Respondents give a variety of reasons for their **satisfaction** with services provided to their family members by long term care facilities. The main reasons include:

- Good quality care;
- Helpful facility staff;
- High quality facility staff;
- A well managed facility;
- Facility staff who are courteous and friendly;
- The patient is happy/likes being at the facility; and
- The facility was good at communicating/keeping me informed.

Conversely, the main reasons for **dissatisfaction** with services provided to family members by long term care facilities include:

- Poor quality care;
- A shortage of long term care facilities;
- Poorly trained staff;
- The facility was poor at communicating/keeping me informed;
- Long term care is felt to be under-funded;
- The facility is poor, badly managed or unpleasant;
- There is not enough personal attention or activities;
- Patient sustained an injury while in the facility's care; and
- Facility staff are slow to provide service.

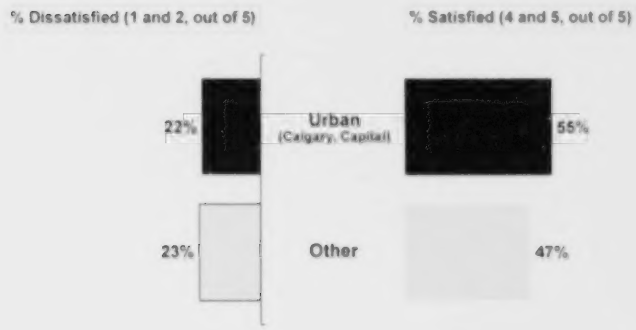
Satisfaction with Long Term Care Services for Family Members: Urban vs. Other RHAs

Satisfaction with long term care services provided to family members does not significantly differ whether in an urban or rural health region.

One-half (55%) of Albertans who live in urban health regions (3-Calgary and 6-Capital) and who interacted with long term care services for their close family member this past year say that they are satisfied with the services provided. In comparison, a similar proportion (47%) of this subset of Albertans who reside in rural health regions is satisfied with the long term care services provided to family members – no significant differences emerge.

Satisfaction With Long Term Care for Family - Urban vs. Other RHAs

"How satisfied are you with the services provided by the long term care facility to your close family member?"



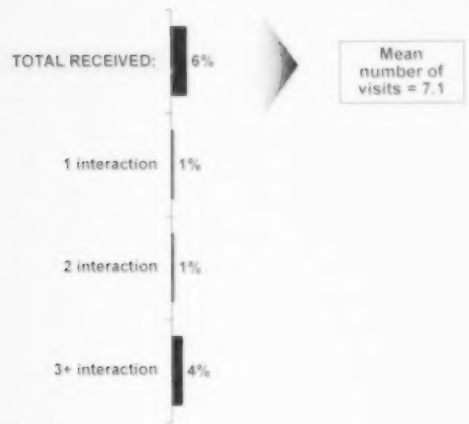
Base n=119

MENTAL HEALTH SERVICES

Interaction with Mental Health Services

A small proportion of Albertans (6%) report they have personally received mental health services in the past year. Specifically, among those who report receiving mental health services, the mean number of visits within the past year is 7.1.

"Approximately how many times have you received mental health services in Alberta within the past year?"



Base: All respondents (n=4,608)

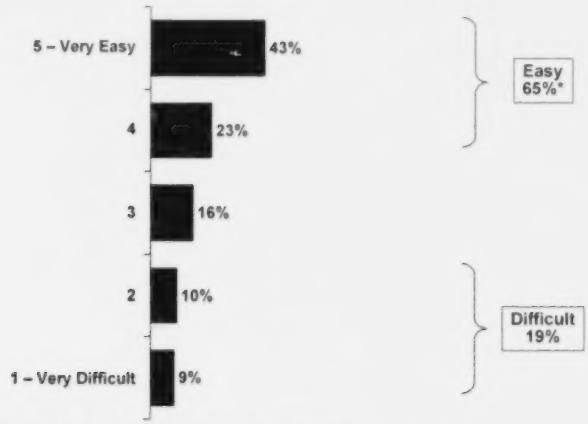
Access to Mental Health Services

Two-thirds say it was easy to access mental health services.

As a benchmark, two-thirds (65%) of Albertans who received mental health services this past year report that it was easy to obtain the mental health services they needed, including 43% who say it was *very* easy. On the other hand, 19% report that accessing mental health services was difficult (including 9% saying it was *very* difficult) and 16% rate the ease of access as moderate (ratings of 3 out of 5).

Access to Mental Health Services

"How difficult or easy was it to actually obtain the mental health services you needed?"

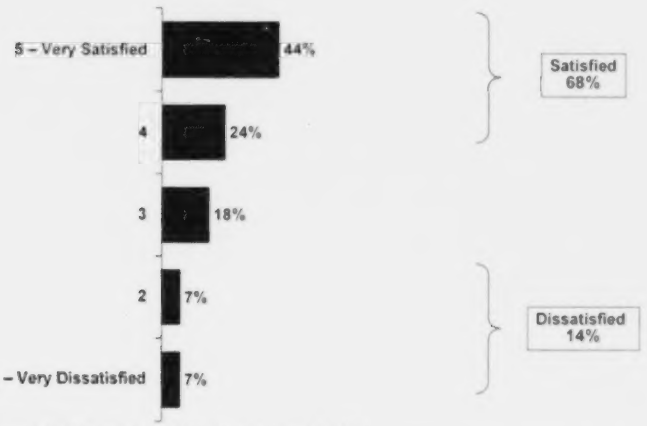


*Rounding
Base: Received mental health services within the past year (n=269)

Overall Satisfaction with Mental Health Services

As a benchmark, the majority (68%) of respondents who received mental health services are satisfied (44% *very* satisfied) with the mental health services they personally received. Conversely, 14% are dissatisfied (7% *very* dissatisfied) and another 18% express neutral satisfaction levels (ratings of 3 out of 5) with the mental health services received.

"How satisfied are you with the mental health services you most recently received?"



Base: Received mental health services within the past year (n=269)

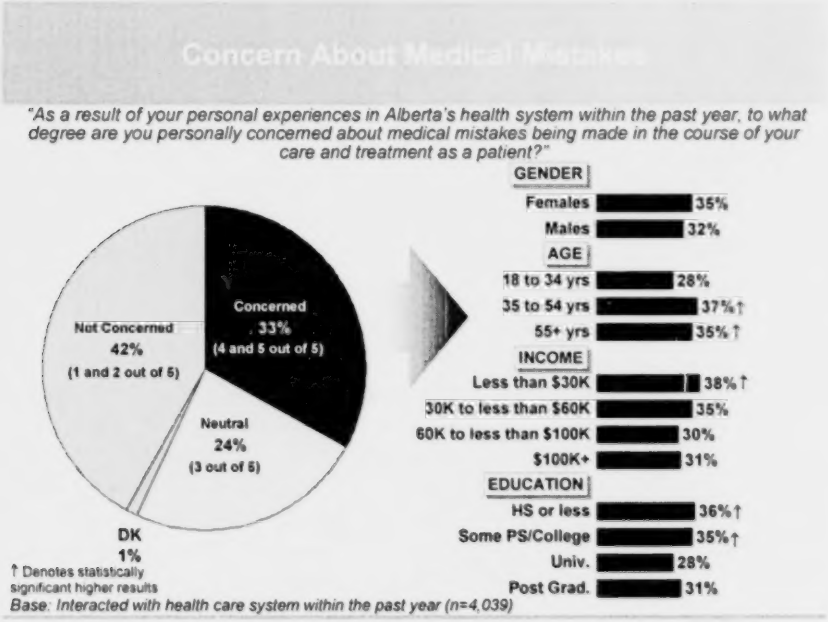
PATIENT SAFETY

Concern About Medical Mistakes

Concern about medical mistakes has significantly risen over the past year.

Albertans who have personally interacted with the health care system within the past year were asked to indicate to what degree they are personally concerned about medical mistakes being made in the course of their care and treatment as a patient. One-third (33%) state they are concerned about mistakes being made, which has increased significantly from the measure reported in 2003 (30%). Conversely, 42% of Albertans are not concerned about medical mistakes, and 24% of respondents are neutral (ratings of 3 out of 5).

Concern about medical mistakes is a key factor impacting overall satisfaction with health care services in Alberta. The rising level of concern about medical mistakes, therefore, will negatively impact overall satisfaction levels.


Concern About Medical Mistakes
"As a result of your personal experiences in Alberta's health system within the past year, to what degree are you personally concerned about medical mistakes being made in the course of your care and treatment as a patient?"
Concerned 33% (4 and 5 out of 5)
Not Concerned 42% (1 and 2 out of 5)
Neutral 24% (3 out of 5)
DK 1%
↑ Denotes statistically significant higher results
GENDER
Females 35%
Males 32%
AGE
18 to 34 yrs 28%
35 to 54 yrs 37%↑
55+ yrs 35%↑
INCOME
Less than $30K 38%↑
30K to less than $60K 35%
60K to less than $100K 30%
$100K+ 31%
EDUCATION
HS or less 36%↑
Some PS/College 35%↑
Univ. 28%
Post Grad. 31%
Base: Interacted with health care system within the past year (n=4,039)

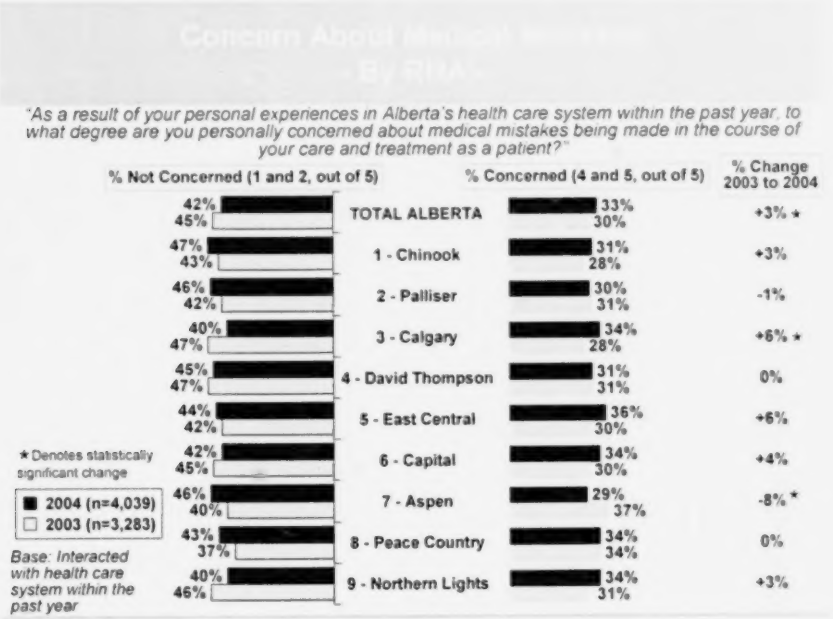
Those more likely to say they are concerned about medical mistakes include:

- Albertans aged 35 to 54 (37%) and 55+ (35%) vs. those aged 18 to 34 (28%);
- Those with an annual household income of <$30K (38%) vs. those with an annual household income of $60K to <$100K (30%) or $100K+ (31%); and
- Albertans with a high school education or less (36%) and some post-secondary education or a college diploma (35%) vs. university graduates (28%).

Concern About Medical Mistakes by RHA

Across health regions, residents in Health Region 3-Calgary note significantly higher levels of concern about medical mistakes compared to last year (34% vs. 28% in 2003), whereas residents of Health Region 7-Aspen report significantly lower levels of concern than was the case one year ago (29% vs. 37% in 2003).

The results from the current study do not show any significant differences in levels of concern among health regions.


"As a result of your personal experiences in Alberta's health care system within the past year, to what degree are you personally concerned about medical mistakes being made in the course of your care and treatment as a patient?"
% Not Concerned (1 and 2, out of 5)
% Concerned (4 and 5, out of 5)
% Change 2003 to 2004
TOTAL ALBERTA 42% 45% 33% 30% +3% ★
1 - Chinook 47% 43% 31% 28% +3%
2 - Palliser 46% 42% 30% 31% -1%
3 - Calgary 40% 47% 34% 28% +6% ★
4 - David Thompson 45% 47% 31% 31% 0%
5 - East Central 44% 42% 36% 30% +6%
6 - Capital 42% 45% 34% 30% +4%
7 - Aspen 46% 40% 29% 37% -8% ★
8 - Peace Country 43% 37% 34% 34% 0%
9 - Northern Lights 40% 46% 34% 31% +3%
★ Denotes statistically significant change
2004 (n=4,039)
2003 (n=3,283)
Base: Interacted with health care system within the past year

Albertans Concerned About Medical Mistakes

Given that concern about medical mistakes is a key factor associated with overall satisfaction with health care services received in Alberta, it is prudent to gain a better understanding of the population of Albertans concerned about medical mistakes.

Services Accessed - Albertans more likely to be concerned about medical mistakes include those who have:

- Used ER services (36% vs. 29% not concerned);
- Had or been waiting for an appointment with a specialist (40% vs. 35% not concerned);
- Received or been waiting for diagnostic testing (52% vs. 47% not concerned);
- Interacted with hospital services (47% vs. 34% not concerned);
- Had or been waiting for surgery (16% vs. 12% not concerned);
- Interacted with home care services (13% vs. 7% not concerned); and
- Received mental health services (15% vs. 11% not concerned).

Satisfaction with services received:

- 37% satisfaction among those concerned about medical mistakes vs. 65% satisfaction among those who are not concerned.

Overall quality of services received:

- 30% rate quality as fair/poor among those who are concerned vs. 9% rating quality as fair/poor among those who are not concerned (9%).
- 70% rate quality as excellent/very good/good among those concerned about medical mistakes vs. 91% among those not concerned.

Access to health care services:

- 37% rate access as being easy among those concerned about medical mistakes vs. 57% saying it is easy to access services among those who are not concerned about medical mistakes.

Complaints:

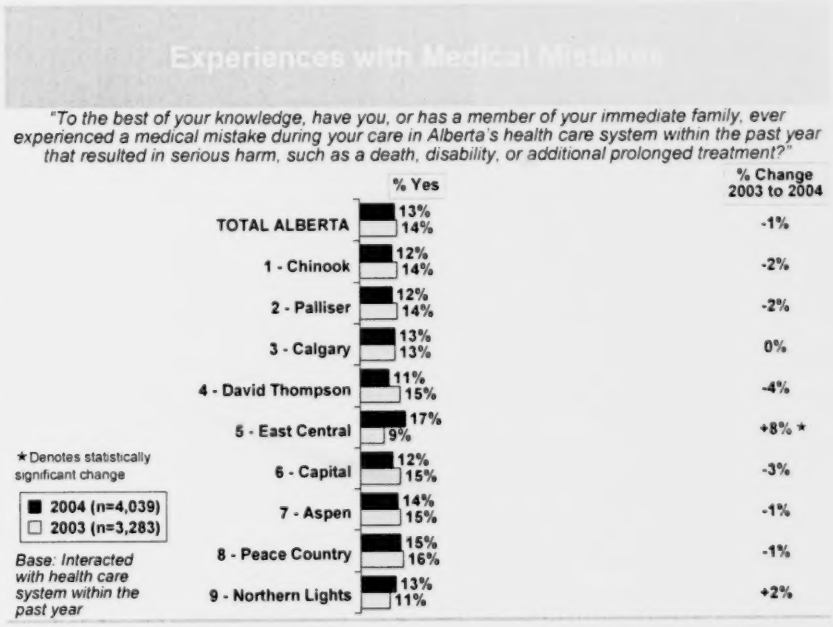
- 27% of those who are concerned about medical mistakes have had a serious complaint vs. 8% among those who are not concerned.

Experiences with Medical Mistakes

The proportion concerned about medical mistakes occurring has increased, yet the proportion of those believing they or a family member experienced a medical mistake within the past year has remained stable since last year.

A total of 13% of Albertans who have interacted with the health care system this past year say that they themselves, or a member of their immediate family, have experienced a medical mistake during their care in Alberta's health care system within the past year that resulted in serious harm, such as death, disability, or additional prolonged treatment. The proportion of Albertans reporting experience with medical errors has not significantly changed since 2003 (14%).

The proportion of residents in Health Region 5-East Central are significantly more likely to report having experienced medical mistakes in 2004 than in 2003 (8% increase). In 2004, there are no significant differences across health regions with respect to experiencing medical mistakes.


Experiences with Medical Mistakes
"To the best of your knowledge, have you, or has a member of your immediate family, ever experienced a medical mistake during your care in Alberta's health care system within the past year that resulted in serious harm, such as a death, disability, or additional prolonged treatment?"
% Yes
% Change 2003 to 2004
TOTAL ALBERTA 13% 14% -1%
1 - Chinook 12% 14% -2%
2 - Palliser 12% 14% -2%
3 - Calgary 13% 13% 0%
4 - David Thompson 11% 15% -4%
5 - East Central 17% 9% +8% ★
6 - Capital 12% 15% -3%
7 - Aspen 14% 15% -1%
8 - Peace Country 15% 16% -1%
9 - Northern Lights 13% 11% +2%
★Denotes statistically significant change
2004 (n=4,039)
2003 (n=3,283)
Base: Interacted with health care system within the past year

Profiling Albertans Who Experienced Medical Mistakes

Below is a summary of the significant differences between Albertans who report they have experienced a medical mistake versus those who say they have not.

Services Accessed - In general, the more contact a respondent has with Alberta health services, the more likely they are to report they have experienced a medical mistake. Albertans more likely to report they have experienced a medical mistake include those who have:

- Received special therapy services (43% vs. 36% who have not experienced a medical mistake);
- Gone to a community walk-in clinic (54% vs. 46%);
- Interacted with ER services (45% vs. 31%);
- Had or been waiting for an appointment with a specialist (49% vs. 36%);
- Received or been waiting for diagnostic testing (55% vs. 48%);
- Interacted with hospital services (56% vs. 36%);
- Had or been waiting for surgery (20% vs. 12%);
- Interacted with home care services (21% vs. 8%);
- Interacted with long term care services for family members (12% vs. 5%); and
- Received mental health care services (23% vs. 11%).

Satisfaction with services received:

- 29% who report they have experienced a medical mistake are satisfied vs. 54% among those who have not experienced a medical mistake.

Overall quality of services received:

- 37% of those who report they have experienced a medical mistake rate the overall quality of services as fair/poor vs. 16% among those who have not experienced a medical mistake.

Access to health care services:

- Those who report they have experienced a medical mistake are twice as likely to say it was difficult to obtain the heath care services they needed (44%) as compared to those who have not experienced a medical mistake (22%).

Complaints:

- 49% of Albertans who report they have experienced a medical mistake report having had a serious complaint this past year vs. 11% among those who have not experienced a medical mistake.

COMPLAINTS ABOUT HEALTH CARE RECEIVED

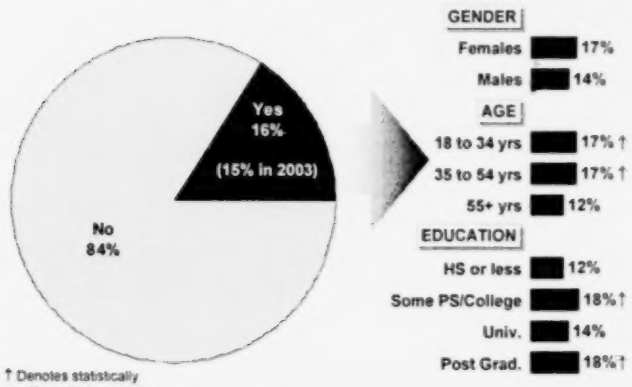
Having Complaints

The proportion of Albertans with serious complaints about health care services they received has not decreased since last year.

Having complaints is a key factor associated with overall satisfaction with health care services received. Reducing the proportion of Albertans who have complaints can positively impact satisfaction with services provided. However, the proportion of Albertans who have interacted with health care services this past year who have had serious complaints has not significantly changed since last year (16% vs. 15% in 2003).

Having Complaints

"In the past year, have you had a serious complaint about any health care services you have received in Alberta?"



↑ Denotes statistically significant higher results

Base: Interacted with health care system within the past year (n=4,039)

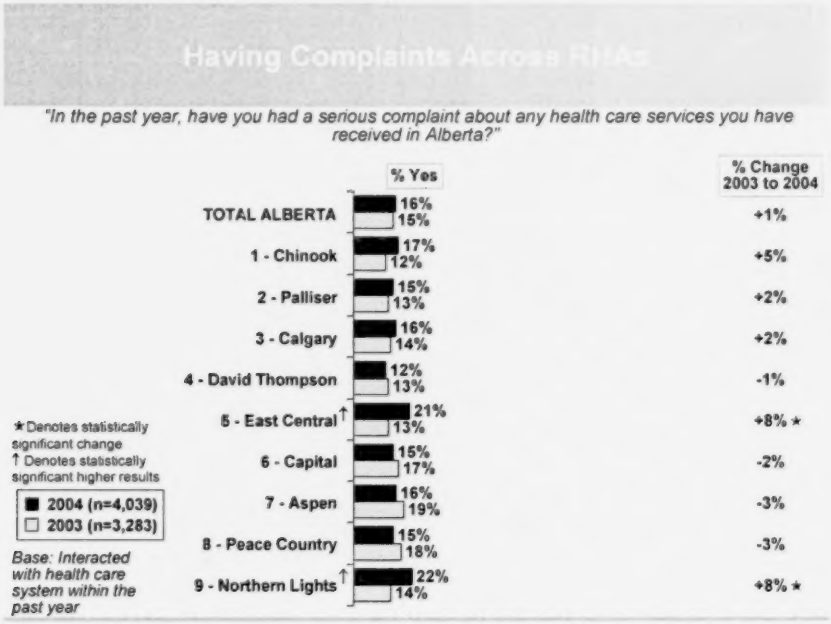
Those significantly more likely to report having a serious complaint about health care services received tend to be:

- 18 to 54 years (17%) vs. 55+ (12%); and
- Those with either some post-secondary education or a college diploma (18%) or those with a post-graduate degree (18%) vs. those with a high school education or less (12%).

Having Complaints Across RHAs

Across health regions, significant increases in the proportion of residents having serious complaints are found in Health Regions 5-East Central (8% increase) and 9-Northern Lights (8% increase) in comparison to 2003.

Presently, the occurrence of having a serious complaint is significantly higher in Health Regions 5-East Central (21%) and 9-Northern Lights (22%).


Having Complaints Across RHAs
"In the past year, have you had a serious complaint about any health care services you have received in Alberta?"
% Yes
% Change 2003 to 2004
TOTAL ALBERTA 16% 15% +1%
1 - Chinook 17% 12% +5%
2 - Palliser 15% 13% +2%
3 - Calgary 16% 14% +2%
4 - David Thompson 12% 13% -1%
5 - East Central ↑ 21% 13% +8% ★
6 - Capital 15% 17% -2%
7 - Aspen 16% 19% -3%
8 - Peace Country 15% 18% -3%
9 - Northern Lights ↑ 22% 14% +8% ★
★ Denotes statistically significant change
↑ Denotes statistically significant higher results
2004 (n=4,039)
2003 (n=3,283)
Base: Interacted with health care system within the past year

Profiling Albertans with Complaints

Services Accessed - As with respondents' experience with medical mistakes, the more contact a respondent has with Alberta health services, the more likely they are to report having a serious complaint about the health care services they received. Albertans more likely to report having a serious complaint include those who have:

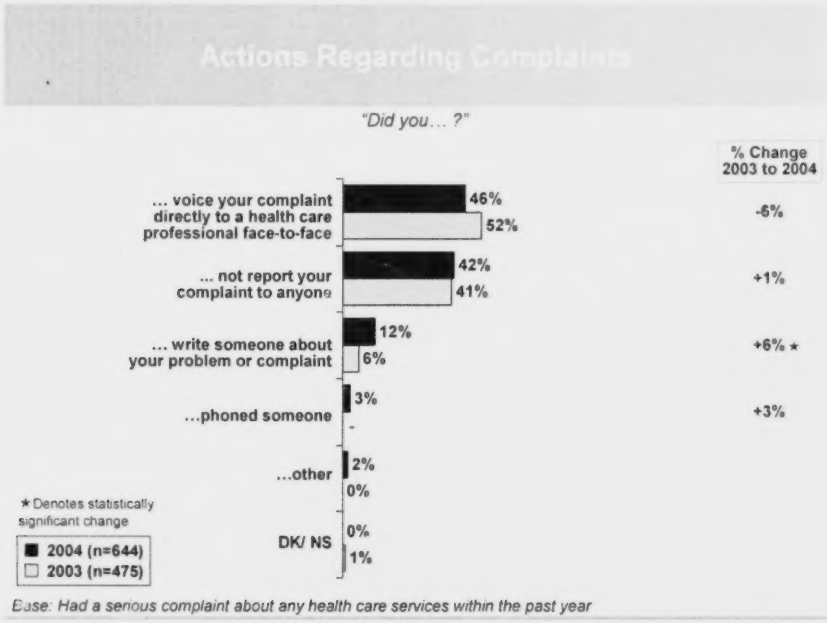
- Received special therapy services (48% vs. 35% who have not had a serious complaint);
- Gone to a community walk-in clinic (53% vs. 46%);
- Interacted with ER services (46% vs. 30%);
- Had or been waiting for an appointment with a specialist (52% vs. 35%);
- Received or been waiting for diagnostic testing (57% vs. 48%);
- Interacted with hospital services (52% vs. 36%);
- Had or been waiting for surgery (21% vs. 12%);
- Interacted with home care services (18% vs. 8%); and
- Received mental health care services (21% vs. 11%).

Actions Regarding Complaints

Four-in-ten Albertans continue to NOT report serious complaints they have about the health care they have received.

In the past year, Albertans who report they had a serious complaint about health care services they have received state they have voiced their complaint either face-to-face (46%), in writing (12%) or over the phone (3%). When comparing these results to those obtained in 2003, submitting written complaints has significantly increased by 6%.

The proportion of those who did **not** report their complaint to anyone has not changed significantly: 42% in 2004 and 41% in 2003.



Base: Had a serious complaint about any health care services within the past year

- **Voicing a complaint face-to-face** with a health care professional is significantly higher among Albertans aged 55+ (53%) vs. 37% among 18 to 34 year olds, and respondents with some post secondary (49%) or post-graduate (58%) education vs. those with a high school education or less (36%).
- The incidence of **not reporting a complaint** to anyone is significantly higher among those aged 18 to 34 years old (52%) vs. 36% among those aged 35 years and older, respondents with an income of $60K to less than $100K (47%) versus those with a household income of $30K to less than $60K (33%), and Albertans with a high school education or less (52%).

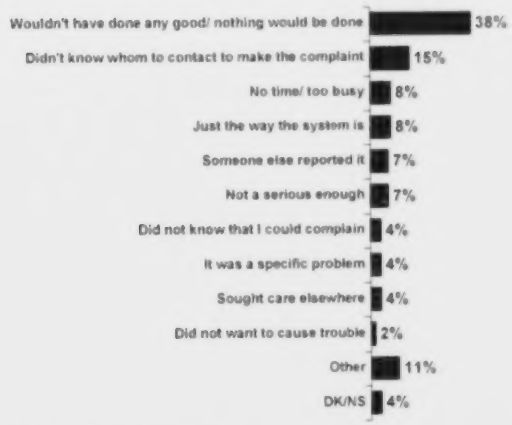
Reasons for Not Reporting Complaints

Some believe that reporting complaints won't make a difference.

To those not reporting their complaint to anyone, the question was posed "Why not?" Respondents gave a variety of reasons including the number one answer which was that reporting the complaint would not have done any good (38%). Some Albertans did not know who to contact to make a complaint (15%) or felt that it was just the way the system was (8%), while others were just too busy to make a report (8%). Certain respondents indicated that someone else did report the complaint on their behalf (7%), while others did not feel it was serious enough to merit a complaint (7%), among other reasons.

Reasons For Not Reporting Complaints

"And why did you not report your complaint to anyone?"


Wouldn't have done any good/ nothing would be done 38%
Didn't know whom to contact to make the complaint 15%
No time/ too busy 8%
Just the way the system is 8%
Someone else reported it 7%
Not a serious enough 7%
Did not know that I could complain 4%
It was a specific problem 4%
Sought care elsewhere 4%
Did not want to cause trouble 2%
Other 11%
DK/NS 4%

Base: Did not report complaint (n=261)

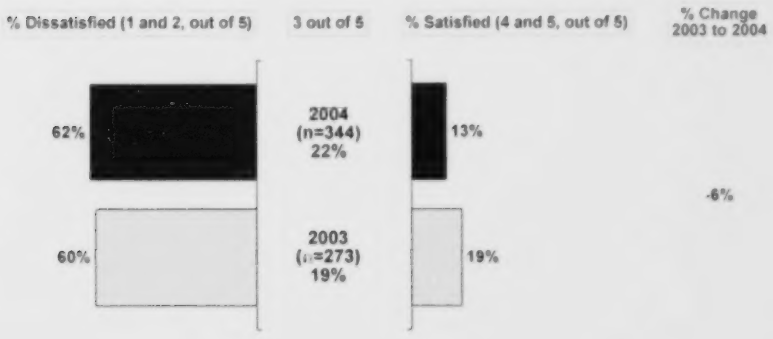
Satisfaction with How Complaints were Handled

Albertans continue to be quite dissatisfied with the way their complaints were handled.

As in 2003, the majority of Albertans who communicated their complaint either verbally or in writing are *dissatisfied* with how the complaint was handled and addressed (62% compared to 60% in 2003). Just over one-in-ten (13%) Albertans are actually satisfied with how their complaint was handled, and 22% of Albertans rate their satisfaction as moderate (ratings of 3 out of 5).

Satisfaction with How Complaints were Handled

"And to what extent were you satisfied or dissatisfied with how your complaint was handled and addressed?"



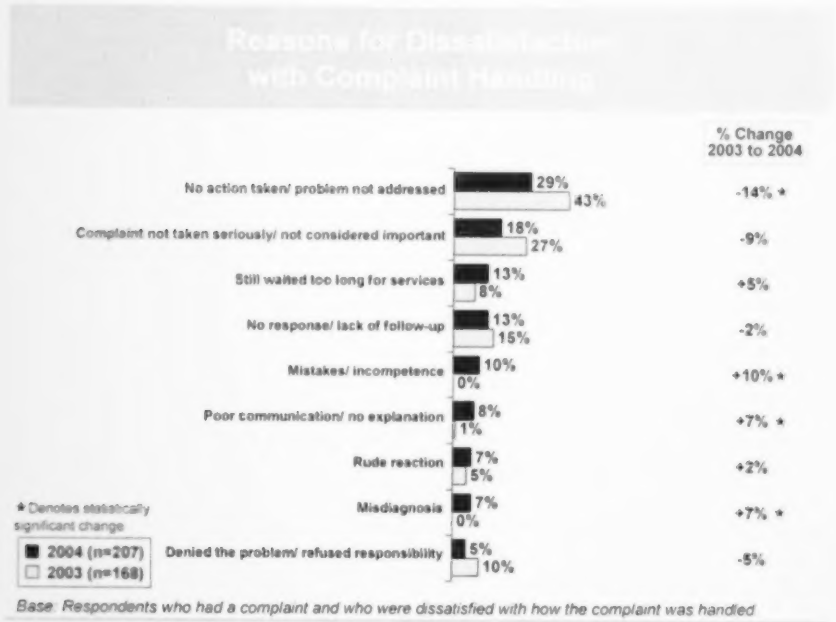
Base: Voiced complaint/ wrote to someone about complaint

Reasons for Dissatisfaction with Complaint Handling

With the aim to further understand why Albertans were dissatisfied with how their complaint was handled or addressed, those who were dissatisfied were asked to explain their reasons for being dissatisfied in their own words.

Grouped into general themes, the primary reason for dissatisfaction with complaint handling rests with respondents feeling that no action was taken regarding their complaint. Next, 18% believe that their complaint was not taken seriously. A total of 13% of these respondents also mentioned issues related to waiting times, while another 13% of responses focused on a lack of follow-up to complaints.

Incompetence (including medical mistakes) comprised 10% of responses to why these individuals were dissatisfied with how their complaint was handled, 8% pointed to poor communication, 7% to a "rude" reaction, 7% to a misdiagnosis, and 5% said that those to whom they complained denied responsibility for the problem.



Base: Respondents who had a complaint and who were dissatisfied with how the complaint was handled

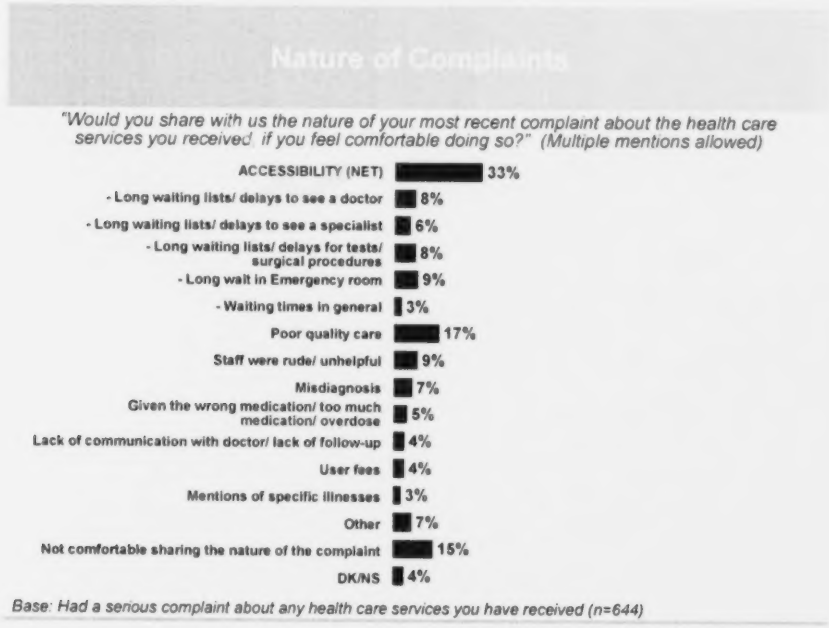
Nature of Complaints

Accessibility to health care represents one-third of the descriptions of "serious complaints" within the past year.

Albertans who had a serious complaint about the health care services they received were further asked to describe the nature of their complaint, if comfortable doing so. A total of 15% of respondents were not comfortable sharing the nature of their complaint.

Overall, 33% of respondents explain that the nature of their serious complaint was related to accessibility issues. Mentions of accessibility issues include long waiting lists to see doctors (8%) or specialists (6%), for tests or surgical procedures (8%) and long waiting times in emergency (9%) or in general (3%).

Other complaints include, poor quality of care (17%), rude or unhelpful staff (9%), misdiagnosis (7%) and a variety of other issues.


Nature of Complaints
"Would you share with us the nature of your most recent complaint about the health care services you received, if you feel comfortable doing so?" (Multiple mentions allowed)
ACCESSIBILITY (NET) 33%
- Long waiting lists/ delays to see a doctor 8%
- Long waiting lists/ delays to see a specialist 6%
- Long waiting lists/ delays for tests/ surgical procedures 8%
- Long wait in Emergency room 9%
- Waiting times in general 3%
Poor quality care 17%
Staff were rude/ unhelpful 9%
Misdiagnosis 7%
Given the wrong medication/ too much medication/ overdose 5%
Lack of communication with doctor/ lack of follow-up 4%
User fees 4%
Mentions of specific illnesses 3%
Other 7%
Not comfortable sharing the nature of the complaint 15%
DK/NS 4%
Base: Had a serious complaint about any health care services you have received (n=644)

TIME TO TREATMENT

On average, Albertans reside approximately 20 minutes from health care services.

Albertans were asked how much time would it take to get from their residence: 1) to the nearest emergency department; and 2) to the nearest doctor for first aid or routine care. Albertans report, on average, that it would take 20.1 minutes to get to an emergency department and 18.8 minutes to get to the nearest doctor.

Regionally, residents living in Health Region 2-Palliser (14.8 minutes) report the shortest average time to arrive at the nearest emergency department, while residents living in Health Region 7-Aspen (31.2 minutes) report the longest average time to get to the nearest emergency department.

When examining the average time to get to the nearest doctor, residents of Health Region 6-Capital (11.9 minutes) report the shortest average time, while residents of Health Regions 9-Northern Lights (66.4 minutes) and 8-Peace Country (50.6 minutes) report the longest travel time on average.

Time to Treatment by Ease of Access and Satisfaction

Overall, time to treatment has an effect on a respondent's rating of quality, satisfaction and access to health care services. Time to treatment also has an impact on a respondent's concern about medical mistakes.

Satisfaction with services received:

- As the time to treatment increases for both emergency and routine health services, Albertans' level of satisfaction regarding overall heath care services decreases. Albertans who report they would need to commute 20+ minutes to receive ER services are less likely to be satisfied (46%) than those who report they would need to commute less than 20 minutes (53% satisfied).

Overall quality of services received:

- A significantly larger percentage of those who report they have to travel 10 to <20 minutes or 20+ minutes to the nearest emergency department rate the overall quality of services as fair/poor (18% and 22% respectively) than those who have to travel less than 10 minutes to the nearest emergency department (14% rated fair/poor).

Access to health care services:

- Albertans who report they would need to commute 20+ minutes to get to the nearest emergency department are more likely to say it was difficult to obtain the health care services they needed (29%) than are those with a time to treatment of 10 to <20 minutes (23%) or <10 minutes (21%).

Concern about medical mistakes:

- Those who report facing a 20+ minute trip to reach the nearest emergency department are more likely to be concerned about medical mistakes (38%) than Albertans with a time to treatment of 10 to <20 minutes (31%) or <10 minutes (32%).

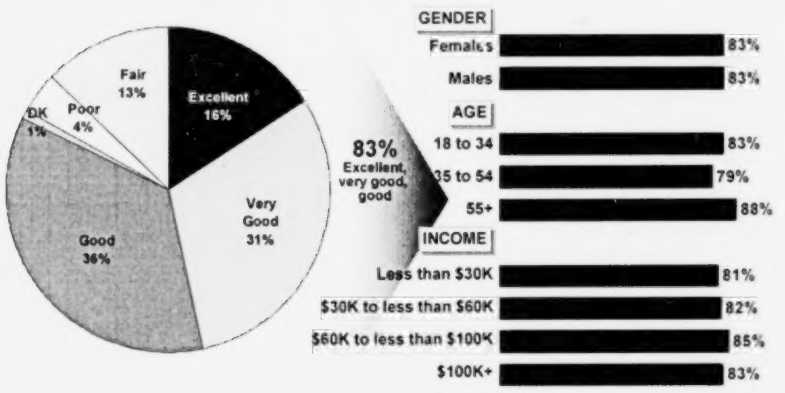
COORDINATION OF CARE

Most Albertans continue to describe how well health care professionals are coordinating their efforts to best serve patient needs as excellent, very good or good.

The coordination of care is a key factor associated with overall satisfaction with health care services in Alberta. Among those who have received health care services from at least two separate health care service delivery areas, more than eight-in-ten (83%) describe the coordination of services as excellent (16%), very good (31%) or good (36%). This overall measure is in line with the result obtained in 2003 (83%). Only 16% of Albertans gave a fair (13%) or poor (4%) rating for the coordination of health care professionals' efforts.

Coordination of Services

"Thinking about the health care services you have received in Alberta within the past year, how would you describe how well all of the health care professionals coordinated their efforts to serve your needs?"



Base: Involved with at least two health care service delivery areas within the past year (n=3,444)

Albertans who are significantly more likely to describe how well health care professionals coordinated their efforts in an excellent, very good or good manner include:

- Albertans aged 55+ (88%) vs. 18 to 34 years (83%) or 35 to 54 years (79%); and
- Those who reside ≤10 minutes from ER treatment (85%) vs. 20+ minutes (81%).

Those who are significantly more likely to describe how health care professionals coordinated their efforts as fair or poor include:

- Albertans 18 to 34 years (17%) or 35 to 54 years (19%) vs. those 55+ (10%); and
- Those who reside 20+ minutes from ER treatment (19%) vs. ≤10 minutes (14%).

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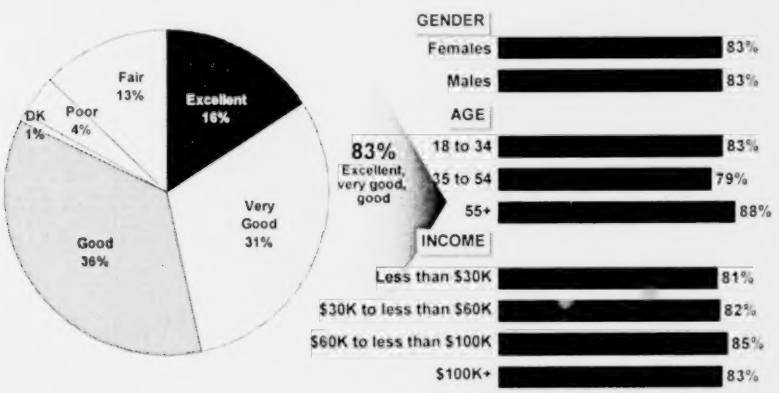
"Thinking about the health care services you have received in Alberta within the past year, how would you describe how well all of the health care professionals coordinated their efforts to serve your needs?"



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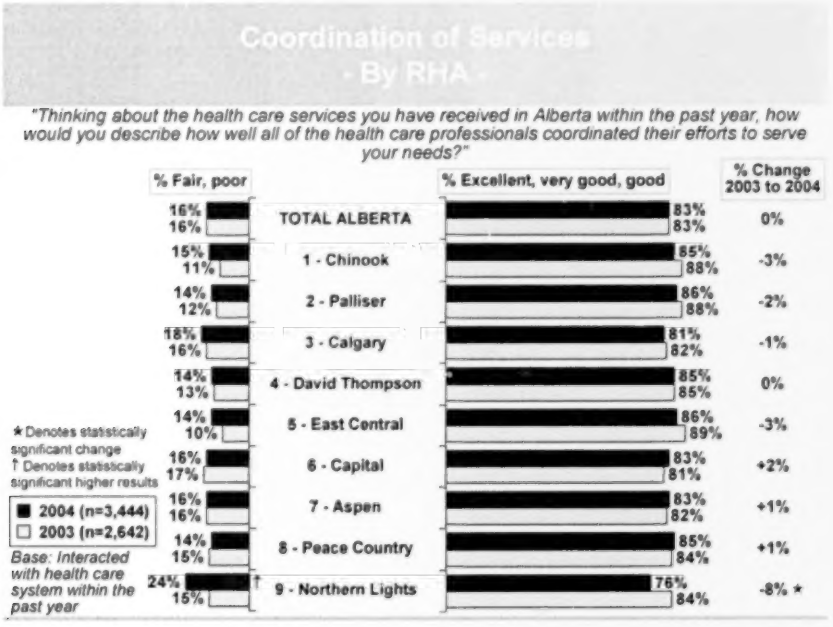
- Those who reside ≤10 minutes from ER treatment (85%) vs. 20+ minutes (81%).

Those who are significantly more likely to describe how health care professionals coordinated their efforts as fair or poor include:

- Albertans 18 to 34 years (17%) or 35 to 54 years (19%) vs. those 55+ (10%); and
- Those who reside 20+ minutes from ER treatment (19%) vs. ≤10 minutes (14%).

Coordination of Services by RHA

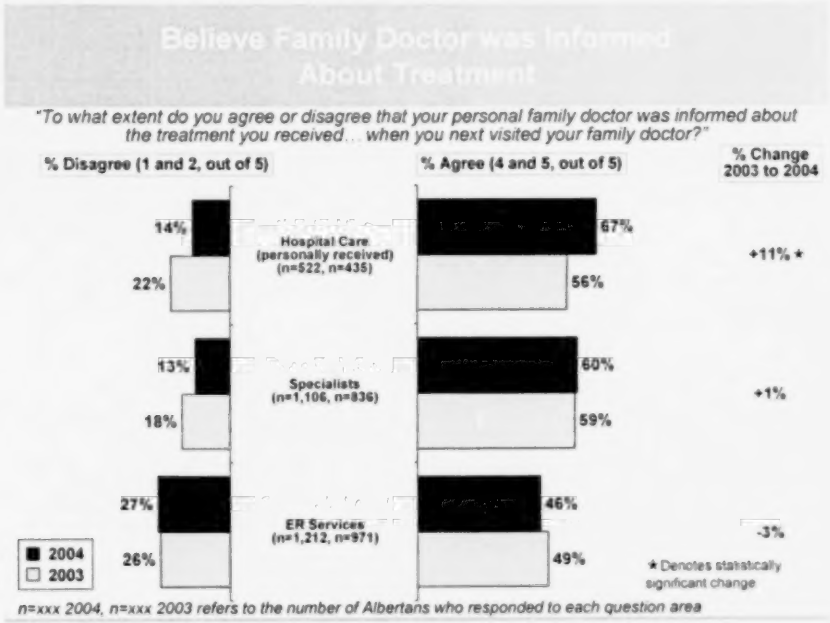
The rating for the coordination of care in Health Region 9-Northern Lights has significantly dropped 8% since 2003 (84%). Across health regions, residents in Health Region 9-Northern Lights (24%) are significantly more likely to feel that health care professionals coordinated their efforts either fairly or poorly to serve their needs.


Coordination of Services
- By RHA -
"Thinking about the health care services you have received in Alberta within the past year, how would you describe how well all of the health care professionals coordinated their efforts to serve your needs?"
% Fair, poor
% Excellent, very good, good
% Change 2003 to 2004
TOTAL ALBERTA 16% 16% 83% 83% 0%
1 - Chinook 15% 11% 85% 88% -3%
2 - Palliser 14% 12% 86% 88% -2%
3 - Calgary 18% 16% 81% 82% -1%
4 - David Thompson 14% 13% 85% 85% 0%
5 - East Central 14% 10% 86% 89% -3%
6 - Capital 16% 17% 83% 81% +2%
7 - Aspen 16% 16% 83% 82% +1%
8 - Peace Country 14% 15% 85% 84% +1%
9 - Northern Lights 24% 15% 76% 84% -8% ★
★ Denotes statistically significant change
† Denotes statistically significant higher results
2004 (n=3,444)
2003 (n=2,642)
Base: Interacted with health care system within the past year

Were Family Doctors Informed About Other Treatments?

Albertans are significantly more likely to feel hospitals are informing family doctors about services provided than in 2003, yet Albertans remain somewhat hesitant to believe their family doctors are *always* informed of other services they receive.

Related to the coordination of care, Albertans with personal family doctors are not entirely convinced that their family doctors are indeed being informed about the treatment they received in other health care service delivery areas. Two-thirds (67%) of respondents believe that their family doctors were informed about the care they received in hospitals, significantly improved since last year (increased 11%). Further, six-in-ten (60%) respondents believe their family doctor was informed of the specialist care they received. Respondents are less apt to believe, however, that their family doctor was informed about the care they received in emergency rooms (46%).

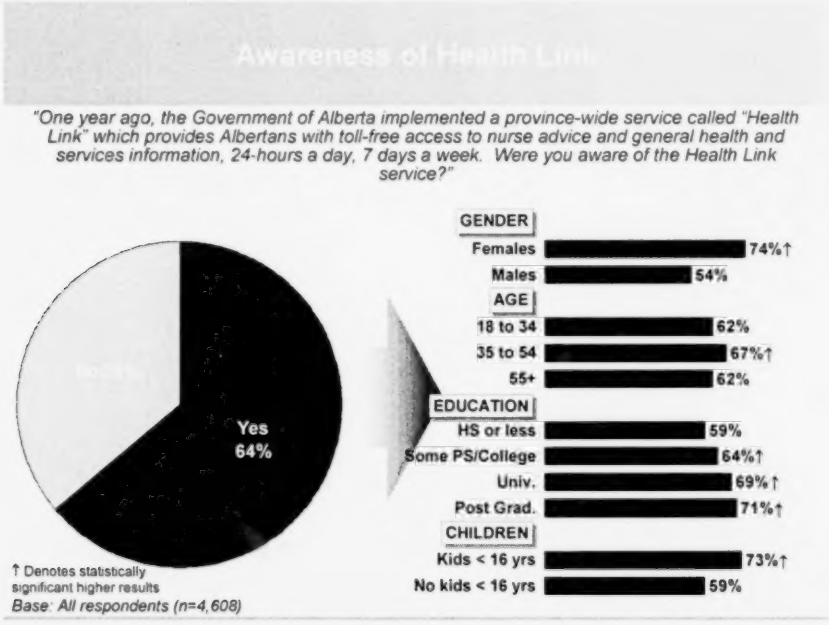

Believe Family Doctor was Informed About Treatment
"To what extent do you agree or disagree that your personal family doctor was informed about the treatment you received... when you next visited your family doctor?"
% Disagree (1 and 2, out of 5)
% Agree (4 and 5, out of 5)
% Change 2003 to 2004
14%
67%
Hospital Care (personally received) (n=522, n=435)
22%
56%
+11% ★
13%
60%
Specialists (n=1,106, n=836)
18%
59%
+1%
27%
46%
ER Services (n=1,212, n=971)
26%
49%
-3%
2004
2003
★ Denotes statistically significant change
n=xxx 2004, n=xxx 2003 refers to the number of Albertans who responded to each question area

HEALTH LINK

Awareness of Health Link

Two-thirds of Albertans are aware of Health Link since its province-wide implementation last year.

All Albertans were asked if they were aware of the new Health Link service which provides Albertans with toll-free access to nurse advice and general health and services information, 24-hours a day, 7 days a week. Overall, the majority (64%) of Albertans are aware of this new Health Link service.


Awareness of Health Link
"One year ago, the Government of Alberta implemented a province-wide service called "Health Link" which provides Albertans with toll-free access to nurse advice and general health and services information, 24-hours a day, 7 days a week. Were you aware of the Health Link service?"
Yes 64%
GENDER
Females 74%↑
Males 54%
AGE
18 to 34 62%
35 to 54 67%↑
55+ 62%
EDUCATION
HS or less 59%
Some PS/College 64%↑
Univ. 69%↑
Post Grad. 71%↑
CHILDREN
Kids < 16 yrs 73%↑
No kids < 16 yrs 59%
↑ Denotes statistically significant higher results
Base: All respondents (n=4,608)

Albertans significantly more likely to be aware of Health Link include:

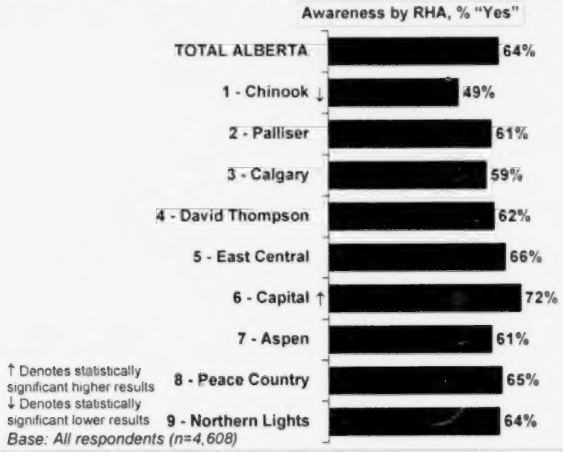
- Females (74%) vs. 54% among males;
- Albertans aged 35 to 54 (67%) vs. those aged 18 to 34 (62%) or 55+ (62%);
- Albertans with a household income of $60K -<$100K (67%) vs. 59% among those with <$30K or 61% among those with $30K -<60K;
- Respondents who have lived in Alberta 30+ years (68%) vs. those who have lived in Alberta <15 years (58%) or 15 to <30 years (62%);
- Respondents with a level of education higher than high school; and
- Albertans with children <16 years (73%) vs. those without children <16 years (59%).

Awareness of Health Link by RHA

Across health regions, awareness of Health Link is significantly higher among residents of Health Region 6-Capital (72%) where this program was piloted prior to the province-wide rollout of the service. Currently, awareness of Health Link is significantly lower in Health Region 1-Chinook (49%).

Awareness of Health Link by RHA

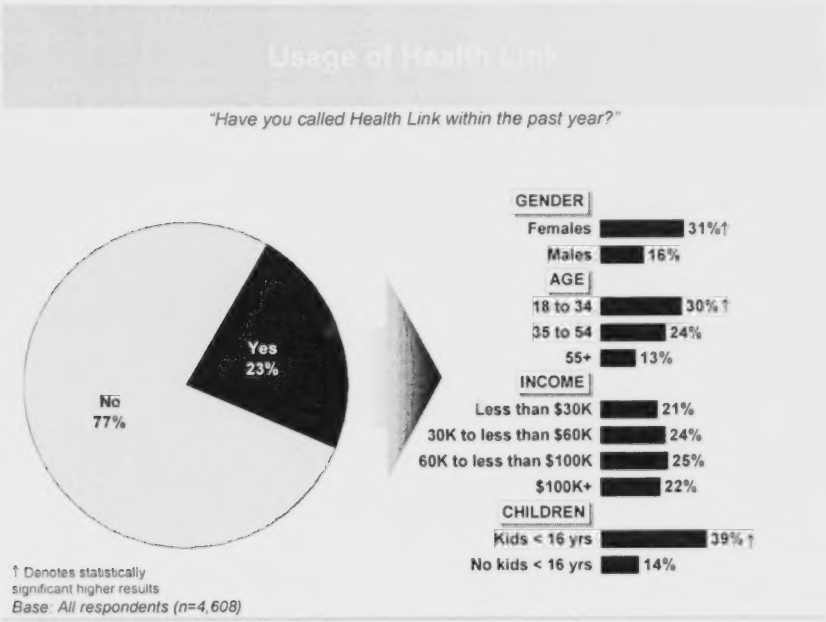
"One year ago, the Government of Alberta implemented a province-wide service called "Health Link" which provides Albertans with toll-free access to nurse advice and general health and services information, 24-hours a day, 7 days a week. Were you aware of the Health Link service?"


Awareness by RHA, % "Yes"
TOTAL ALBERTA 64%
1 - Chinook ↓ 49%
2 - Palliser 61%
3 - Calgary 59%
4 - David Thompson 62%
5 - East Central 66%
6 - Capital ↑ 72%
7 - Aspen 61%
8 - Peace Country 65%
9 - Northern Lights 64%
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results

Base: All respondents (n=4,608)

Usage of Health Link

Those aware of the new Health Link service were further asked to indicate whether they had called Health Link within the past year. Among all Albertans, 23% have used Health Link services this past year (or in other terms, 37% of those aware of the service have called Health Link).

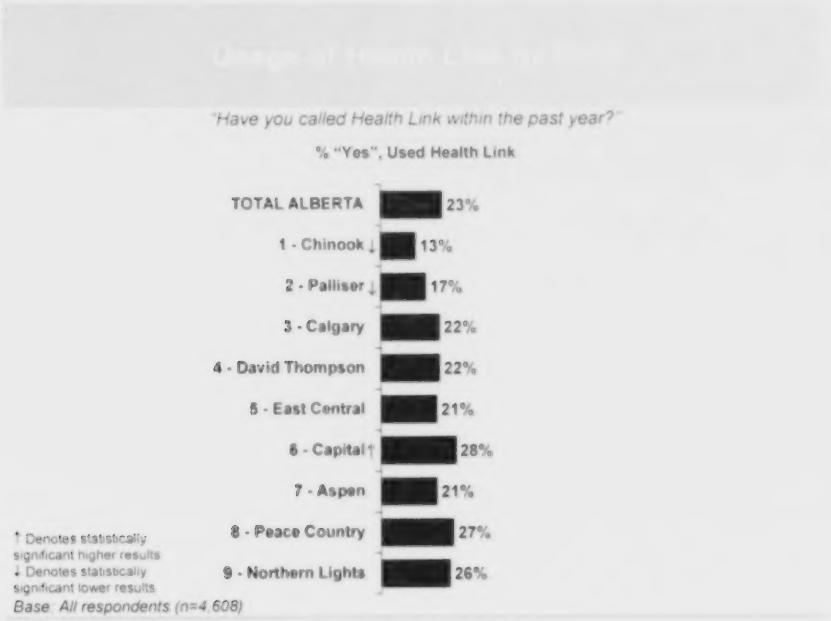


Albertans significantly more likely to have used Health Link include:

- Females (31%) vs. 16% among males;
- Those aged 18 to 34 (30%) or 35 to 54 (24%) vs. 55+ (13%); and
- Those with children <16 years (39%) vs. those without children <16 years (14%).

Usage of Health Link by RHA

When examining usage of the Health Link service among all respondents, residents of Health Region 6-Capital (28%) are significantly more likely than residents in several other health regions to have called Health Link. Usage of Health Link, on the other hand, is significantly lower in Health Regions 1-Chinook (13%) and 2-Palliser (17%).

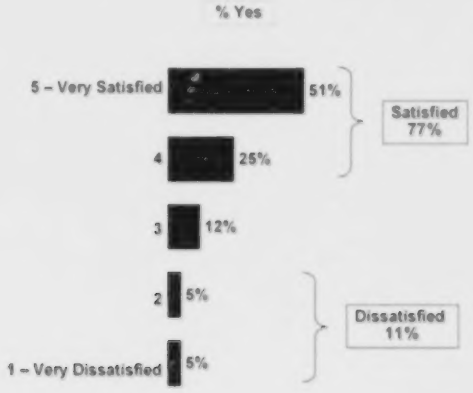

"Have you called Health Link within the past year?"
% "Yes", Used Health Link
TOTAL ALBERTA 23%
1 - Chinook ↓ 13%
2 - Palliser ↓ 17%
3 - Calgary 22%
4 - David Thompson 22%
5 - East Central 21%
6 - Capital ↑ 28%
7 - Aspen 21%
8 - Peace Country 27%
9 - Northern Lights 26%
↑ Denotes statistically significant higher results
↓ Denotes statistically significant lower results
Base: All respondents (n=4,608)

Satisfaction with Health Link

The majority of those who are using Health Link are satisfied with the service.

Albertans who have called Health Link within the past year were asked to rate their satisfaction with their experience. Over three-quarters (77%) of Albertans who have used the service this past year are satisfied with their experience, including over half (51%) who are *very* satisfied. On the other end, only one-in-ten (11%) are dissatisfied with their experience and 12% rate the service as moderate (ratings of 3 out of 5).

"To what degree are you satisfied or dissatisfied with your experience with Health Link?"



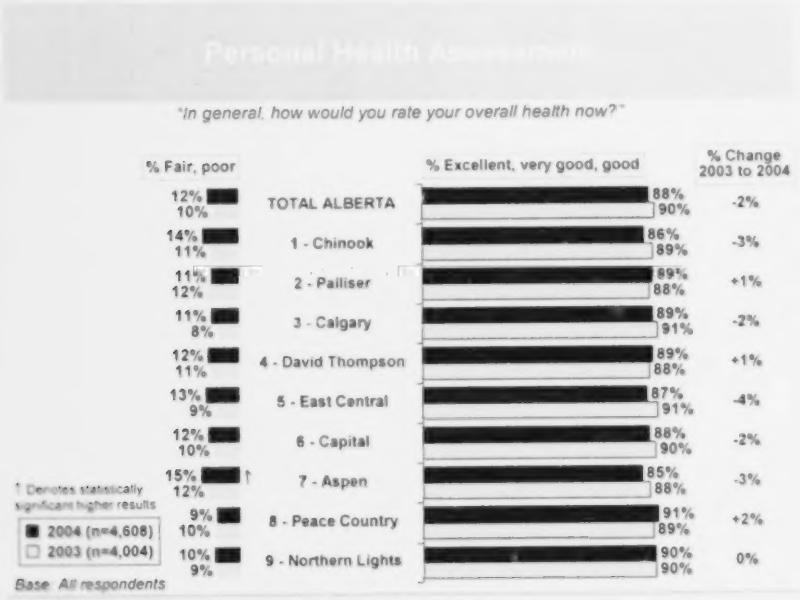
Base: Called Health Link past year (n=943)

- Albertans significantly more likely to be satisfied with the Health Link service include those aged 18 to 34 (81%) vs. those aged 55+ (71%), and respondents with children <16 years (80%) vs. those without children <16 years (72%).
- Satisfaction with Health Link services does not significantly differ across health regions.

PERSONAL HEALTH ASSESSMENT

Most Albertans continue to rate their overall health as excellent, very good or good, but a slight downward trend has begun.

Almost nine-in-ten (88%) Albertans assess their overall health as excellent (20%), very good (39%) or good (30%). This result has dropped somewhat from 90% in 2003 and when looking only at excellent/very good ratings, results in 2004 (58%) are significantly lower than results in 2003 (61%). The remaining 12% of Albertans rate their personal health as either fair (8%) or poor (3%). Across health regions, residents of Health Region 7-Aspen are significantly more likely to feel that their personal health is fair/poor (15%).


"In general, how would you rate your overall health now?"
% Fair, poor
% Excellent, very good, good
% Change 2003 to 2004
TOTAL ALBERTA 12% 10% 88% 90% -2%
1 - Chinook 14% 11% 86% 89% -3%
2 - Palliser 11% 12% 89% 88% +1%
3 - Calgary 11% 8% 89% 91% -2%
4 - David Thompson 12% 11% 89% 88% +1%
5 - East Central 13% 9% 87% 91% -4%
6 - Capital 12% 10% 88% 90% -2%
7 - Aspen 15% 12% † 85% 88% -3%
8 - Peace Country 9% 10% 91% 89% +2%
9 - Northern Lights 10% 9% 90% 90% 0%
† Denotes statistically significant higher results
2004 (n=4,608)
2003 (n=4,004)
Base: All respondents

Examining the demographics among Albertans who assess their health as excellent, very good or good we find:

- Assessing one's health as excellent, very good or good decreases with age: 18 to 34 years old (93%), 35 to 54 years old (89%) and 55+ (81%);
- Health assessment ratings increase as annual household incomes increase: less than $30K (77%), $30K -<$60K (88%), $60K-<$100K (92%) and $100K+ (94%);
- Albertans who have completed some post-secondary education/college (89%), have a university degree (93%) or post graduate degree (92%) rate their overall health higher than those with a high school education or less (84%); and
- Respondents with children <16 years rate their overall health higher (91%) than those without children under the age of 16 (87%).

In addition, respondents who assess their health to be excellent, very good or good tend to be more likely to:

- Be satisfied with health care services in Alberta;
- Rate the quality of health care services positively;
- Find that it is easy to access health care services;
- *Not* be concerned about medical mistakes being made;
- *Not* have complaints about health care services received; and
- Rate the coordination efforts of all health care professionals positively.

Being healthy is directly linked to the factors most associated with overall satisfaction with health care services in Alberta.

On the other hand, Albertans who rate their health as either fair or poor are more likely to have:

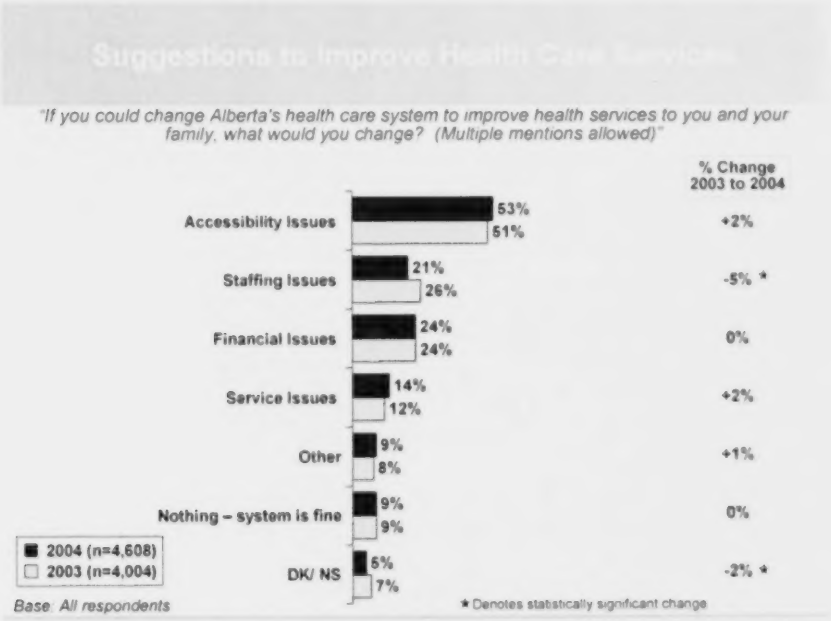
- Received ER services (41% vs. 27% who rate their health positively);
- Received or been waiting for diagnostic testing (54% vs. 42%);
- Had or been waiting for surgery (16% vs. 11%);
- Received or been waiting for home care services for a close family member or themselves (15% vs. 7%); and
- Received mental health care services (16% vs. 10%).

SUGGESTIONS TO IMPROVE HEALTH CARE SERVICES

Albertans want to see health care services become more accessible.

All respondents, regardless of whether or not they have had any interaction with health care services in Alberta within the past year, were asked what changes they would suggest to improve health services in the province. Similar to 2003, accessibility issues (53% vs. 51% in 2003) are the key improvement areas Albertans would like addressed. Accessibility is also the key factor associated with overall satisfaction with health care services and underlines the importance of addressing these matters.

Other important areas to improve, according to Albertans, involve financial issues (24% unchanged from 2003), staffing issues (21%, significantly decreased from 26% in 2003) and service issues (14% vs. 12% in 2003).



Accessibility Issues

As was the case in 2003, the most common suggestion to improve health care services in Alberta relates to accessibility (53% of mentions). Specifically, Albertans suggest the following improvements be made regarding accessibility:

- Decrease waiting times in general;
- Decrease waiting times in emergency rooms;
- Improve access to diagnostic tests;
- Improve access to doctors;
- Improve access to specialists;
- Improve access to surgery;
- Provide better access to hospitals/decrease hospital waiting times;
- Increase the number of medical facilities and hospitals; and
- Increase the number of hospital beds.

Financial Issues

One quarter (24%) of Albertans feel that improving financial issues would help to improve health care services in Alberta. Specifically, respondents suggest the following improvements be made regarding financial issues:

- Provide more comprehensive coverage (optometry, chiropractic);
- Oppose the privatization of health care;
- Universal health care and a no-fee system;
- Increase funding for health care in general;
- Reduce the cost of health care/user fees;
- Support the privatization of health care;
- Increase funding for medical equipment;
- Better pay for staff;
- Support user fees;
- Fees (in general);
- More comprehensive seniors coverage;
- Lower prescription drug prices;
- Dental coverage;
- Lower or remove the cost of health care for seniors;

- Less administration; and
- Increase funding for staff.

Staffing Issues

Two-in-ten (21%) Albertans believe improving staffing issues would help to improve health care services in Alberta. Specifically, respondents suggest the following improvements be made regarding staffing issues:

- More doctors;
- More nurses; and
- More staff and health care professionals in general.

Service Issues

The other main theme for suggestions for improvement stems from the 14% of Albertans who state that improving service issues would help to improve health care services in Alberta. Specifically, respondents suggest the following service improvements be made:

- Better trained and more competent staff;
- Doctors spending more time with patients;
- Improve patient care;
- Friendlier and more personable staff;
- Caring and compassionate staff;
- Improve preventative medicine;
- Use alternative forms of health care (naturopath, homeopath, etc.);
- Improve care of seniors; and
- Other mentions of service.

Another 9% of Albertans suggest other types of changes be made to Alberta's health care system, 9% feel that no changes are necessary, and 5% did not provide any suggestions.

HQCA

APPENDIX A: SURVEY QUESTIONNAIRE

Questionnaire

HEALTH QUALITY COUNCIL OF ALBERTA

Hello, my name is [INTERVIEWER'S NAME] and I'm calling from Ipsos-Reid. We are conducting a confidential survey about satisfaction with health care services in Alberta on behalf of the Health Quality Council of Alberta.

[INTERVIEWERS NOTE: IF RESPONDENT ASKS ABOUT THE HEALTH QUALITY COUNCIL, PLEASE READ THE FOLLOWING STATEMENT: It is an arms length organization, empowered and funded by the government of Alberta through the Minister of Health and Wellness, to report directly to Albertans on the quality, safety and performance of the publicly funded health care system.

SHOULD RESPONDENTS REQUIRE ANY FURTHER INFORMATION, PLEASE REFER THEM TO THE CLIENT CONTACT BELOW.]

We choose the adult for the survey randomly from each household by asking for the person who is 18 years and older and has the next birthday. Is that you? [ALLOW INITIAL RESPONDENT TO SEEK THE HOUSEHOLD MEMBER WITH THE NEXT BIRTHDAY, REINTRODUCE] The survey will take approximately 15 minutes to complete depending on your answers.

SCREENING QUESTIONS:

A. Are you currently 18 or older and would you be willing to share your opinions and participate in this health care survey?

Yes

No

[IF "YES" CONTINUE. IF "NO/DK", ARRANGE CALLBACK OR DISCONTINUE CALL]

INTERVIEWER INSTRUCTIONS FOR ADDITIONAL INFORMATION (Also on Fly Sheet)

Should any respondent wish to speak with someone to verify the survey process, to ask questions, or to provide comments about the survey, please provide the following contact information:

Charlene McBrien-Morrison at the Health Quality Council of Alberta: (403) 297-8162 or toll free at 310-0000 and then 403-297-8162.

B. Region [WATCH QUOTAS FOR EACH OF THE NINE RHAs]

C. Gender [50/50 QUOTA IN EACH RHA]
Male
Female

D. Have I reached you at your home phone number?
Yes
No
Don't know/Refused
[IF "YES" TO Q.D, CONTINUE. OTHERWISE THANK AND DISCONTINUE CALL]

[READ]
I'd now like to ask you some questions about publicly funded health care services in Alberta. Your individual responses will remain confidential and will only be reported in aggregate with other survey responses collected. If you do not wish to answer a particular question or if you wish to terminate the interview at any time, just let me know.

PERCEPTIONS OF THE HEALTH CARE SYSTEM

1. To begin, thinking broadly about Alberta's health care system and the quality of medical services it provides, how would you describe it overall? [READ LIST]

Excellent
Very good
Good
Fair
Poor
[DO NOT READ] Don't know

2. Thinking of access and waiting times in Alberta's health care system overall, how difficult or easy do you think it is for Albertans to access health care services they need? Please use a scale of 1 to 5 where "1" means "very difficult" and "5" means "very easy".

1 to 5
[DO NOT READ] Don't know

ACCESS TO GPs

3. Do you currently have a personal family doctor who you regularly see for most of your health care needs? When I say "personal family doctor", I mean a family or general physician, but not a doctor who is a specialist in a certain area of health care, such as a surgeon or allergy doctor for example.

Yes
No
[DO NOT READ] Don't know

[ASK Q.4 to Q.6 IF "YES" TO Q.3. SKIP TO Q.7 IF "NO" OR "DK" IN Q.3]

4. How long have you been going to your present personal family doctor?

Less than one year
[ENTER # OF YEARS FOR ALL RESPONSES OF 1 YEAR OR MORE UP TO 999]
[DO NOT READ] Don't know

[INTERVIEWER NOTE:PLEASE ROUND RESPONSE IF A DECIMAL PLACE IS GIVEN (.4 OR LESS – ROUND DOWN) (.5 OR MORE – ROUND UP)]

5. How difficult or easy was it to actually find your present personal family doctor? Please use a scale of 1 to 5 where "1" means "very difficult" and "5" means "very easy".

1 to 5
[DO NOT READ] Don't know

[ASK Q.6 IF Q.5 = "1" OR "2"]

6. And why do you say that? [PROBE] Any other reasons?

RECORD VERBATIM

[ASK Q.7 AND Q.8 IF Q.3 "NO" OR "DK".]

7. Which one of the following best describes your own personal situation when you need the kind of care most people get from a personal family doctor? [READ LIST]

When I need a family doctor I generally just go to a community walk-in clinic and see whichever doctor is on duty
I generally just visit the emergency room if I need to see a family doctor
I primarily use alternative practitioners, such as naturopaths or homeopaths
I rarely use health care services.

8. Which one of the following reasons best describes why you do not have a personal family doctor? [READ LIST]

I have tried to find a personal family doctor but haven't been able to find one who is accepting new patients
I haven't yet found a personal family doctor that I am happy with
I don't feel that I need to have a personal family doctor. I use local walk-in clinics or hospitals instead.

SCREENING QUESTIONS
[ASK ALL RESPONDENTS]

9. When was your most recent contact with Alberta's health care system? Please stop me when I reach your category. [INTERVIEWER NOTE: IF DEFINITION OF "CONTACT" IS REQUIRED, SAY, "THE LAST TIME YOU PERSONALLY RECEIVED HEALTH CARE SERVICES IN ALBERTA] Was it within the past [READ LIST]:

2 months
3 to 4 months
5 to 6 months
7 to 8 months
9 to 10 months
11 to 12 months
Or more than one year ago
[DO NOT READ] Don't recall/know

[ASK Q.10 IF Q.9 = WITHIN PAST 12 MONTHS (1-6). ALL OTHERS GO TO Q.91]

10. Thinking only of health care services in Alberta, within the past year, that is, since May of 2003, have you personally **[READ LIST AND RANDOMIZE]:** And have you...

1) [ASK ONLY IF Q.3 "YES"] Had an appointment with your personal family doctor
2) Received special therapy services such as physical therapy, occupational therapy, speech therapy, massage therapy or chiropractic services
3) Gone to a community walk-in clinic
4) Gone to an emergency room in Alberta to receive care for an illness or injury
5) Had or been waiting for an appointment with a specialist, that is a doctor who is a surgeon, heart doctor, allergy or skin doctor, for example, who specializes in one area of health care
6) Received or been waiting for diagnostic testing such as an MRI, CAT-scan, X-Ray, ultrasound or mammogram or have you received or been waiting for lab testing such as blood tests or urine tests, for example
7) Received or assisted a family member with health services at a hospital in Alberta, either as an overnight patient or a day patient
8) Had or been waiting for surgery
9) Received or been waiting for home care services in Alberta for yourself or for a close family member
10) Received or been waiting to obtain a place for a close family member in a long term care facility
11) Received mental health care services from a psychologist, psychiatrist, counsellor, therapist or personal family doctor

Yes
No
[DO NOT READ] Don't know

OVERALL RATINGS

[ASK Qs.11 to 13 IF Q.9 = WITHIN PAST 12 MONTHS (1-6)]

11. Thinking about all of your personal experiences within the past year with the health care services in Alberta that we just reviewed, to what degree are you satisfied or dissatisfied with the services you have received? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied".

SCALE 1 - 5
[DO NOT READ] Don't know

12. And again, thinking about all of your personal experiences within the past year with the health care services in Alberta that we just reviewed, how would you describe the overall quality of those services? [READ LIST]

Excellent
Very good
Good
Fair
Poor
[DO NOT READ] Don't know

13. Thinking of access and waiting times overall, how difficult or easy was it to actually obtain the health care services you needed in Alberta within the past year? Please use a scale of 1 to 5 where "1" means "very difficult" and "5" means "very easy".

1 to 5
[DO NOT READ] Don't know

GENERAL PRACTITIONERS

[ASK Qs 14 to 16 IF Q.10_1 "YES".]
[READ]

The next few questions are about your present personal family doctor.

14. Generally speaking, how satisfied are you with the health care services you have received from your personal family doctor within the past year? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied".

1 to 5
[DO NOT READ] Don't know

15. And thinking of the past year, how satisfied are you with each of the following aspects of service provided by your personal family doctor? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied". How satisfied are you with [READ AND RANDOMIZE STATEMENTS]:

The amount of time from booking the appointment to actually seeing your doctor
The amount of time you waited at your doctor's office before getting into see him or her
Your doctor treating you with courtesy and respect
Your doctor listening carefully to your health care concerns
Your doctor explaining things to you in a way you could understand
Your doctor spending enough time with you during the appointment
Receiving the care, tests or treatment you or your doctor believed necessary
Being involved as much as you wanted in decisions about your health care
Help from other staff that assists your doctor
The ultimate impact your doctor's care has had upon your health and life.
Your doctor's ability to refer you to a specialist in a timely manner
The thoroughness of examinations your doctor conducts
Your doctor's knowledge and competence

1 to 5
[DO NOT READ] Don't know
N/A

16. And within the past year, approximately how many times did you have an appointment with your present personal family doctor for [ROTATE]:

Routine regular health care, such as check-ups
An illness or injury

[ENTER UP TO 2 DIGITS]
[DO NOT READ] Don't know/recall

SPECIAL THERAPY SERVICES

[ASK Q. 17 IF Q.10-2= "YES".]

17. Within the past year, did you receive any of the following special therapy health care services in Alberta? [READ LIST]

Physical therapy
Occupational therapy
Speech therapy
Massage therapy
Chiropractic services

Yes
No
[DO NOT READ] Don't know

COMMUNITY WALK-IN CLINICS

[ASK Qs 18 to 25 IF Q.10_3 = "YES".]
[READ]
I'd now like to ask you a few questions about the most recent Alberta community walk-in clinic that you went to during the past year. [INTERVIEWER INSTRUCTION: IF RESPONDENTS SAYS THEY HAVE BEEN TO MORE THAN ONE WALK-IN CLINIC, REMIND THEM TO BASE THEIR RESPONSES ON THEIR MOST RECENT VISIT]

18. How many times within the past year have you gone to a community walk-in clinic to personally receive health care services?

[ENTER UP TO THREE DIGITS]
None
[DO NOT READ] Don't know

19. By "community walk-in clinic" we mean, you can walk in anytime, there is no appointment necessary, you can see any doctor that is available, and it is not an emergency department. For the type of community walk-in clinic I just described, how many times within the past year did you go and personally receive health care services?

[ENTER UP TO THREE DIGITS]
None
[DO NOT READ] Don't know

[ASK Qs.20 TO 26 IF Q.19 "1+"]

20. How difficult or easy was it to actually obtain health care services from the community walk-in clinic that you went to most recently? Please use a scale of 1 to 5 where "1" means "very difficult" and "5" means "very easy".

1 to 5
[DO NOT READ] Don't know

21. How satisfied are you with the services you have received from the community walk-in clinic you went to most recently? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied".

1 to 5
[DO NOT READ] Don't know

22. And how satisfied are you with each of the following aspects of services you received from the community walk-in clinic you went to most recently? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied". How satisfied are you with [READ AND RANDOMIZE STATEMENTS]:

The amount of time it took to be assessed by a nurse upon arrival at the clinic
The amount of time it took to see a doctor after having been first assessed by a nurse
Clinic staff treating you with courtesy and respect
Clinic staff listening carefully to your health care concerns
Clinic staff explaining things to you in a way you could understand
The clinic's doctor spending enough time with you
The quality of care the clinic's doctor provided
Help from other staff assisting the doctors at the clinic
The ultimate impact the health care received by the clinic has had upon your health and life.
The thoroughness of examinations the clinic's doctor conducted
The knowledge and competence of the clinic's doctor
The ability of the clinic's doctor to refer you to a specialist in a timely manner

1 to 5
[DO NOT READ] Don't know
N/A

[ASK Qs.23 - 25 IF Q.3 = "YES"]

23. Does your personal family doctor work primarily at a walk-in clinic?

Yes
No
[DO NOT READ] Don't know
S[ASK Q.24 AND Q.25 IF Q.23 = "NO" OR "DK"]

24. Why did you go to a walk-in clinic instead of going to see your personal family doctor?

[RECORD VERBATIM]

25. Was your personal family doctor involved with your care around the same time and for the same health problem that sent you to the walk-in clinic?

Yes
No
[DO NOT READ] Don't know

EMERGENCY ROOM SERVICES

[ASK Qs 26 - 33 IF Q.10_4 "YES".]
[READ]
The next few questions are about the emergency room services you have experienced in Alberta within the past year.

26. How many times have you gone to an emergency room in Alberta within the past year to receive care for an illness or injury [READ LIST]

For yourself
For a close family member
[ENTER UP TO THREE DIGITS]
[DO NOT READ] Don't know

[ASK Qs.27 -33 IF "1+" TO EITHER ITEM IN Q.26]

27. In which city or town did you use the emergency room services you most recently accessed?

[INSERT PRE-CODED LIST AND ALLOW OTHERS TO BE ADDED]
Airdrie
Brooks
Calgary
Camrose
Cochrane
Cold Lake
Edmonton
Fort Saskatchewan
Grande Prairie
Leduc
Lethbridge
Lloydminster
Medicine Hat
Red Deer
Spruce Grove
St Albert
Strathcona County
Other: Please Specify [VERBATIM]

28. How difficult or easy was it to actually obtain the emergency medical services you or your close family member needed? Please use a scale of 1 to 5 where "1" means "very difficult" and "5" means "very easy".

1 to 5
[DO NOT READ] Don't know

29. How satisfied are you with the emergency room services you or your family member most recently received? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied".

1 to 5
[DO NOT READ] Don't know

30. And thinking of all of your emergency room experiences over the past year, how satisfied are you with each of the following aspects of services provided? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied". How satisfied are you with [READ AND RANDOMIZE STATEMENTS]:

The amount of time it took to be assessed by a nurse upon arrival in the emergency room
The amount of time it took to see a doctor after having been assessed by a nurse
Emergency room staff explaining the reasons behind your placement in the wait to be treated
Emergency room staff treating you with courtesy and respect
Emergency room staff listening carefully to your health care concerns
Emergency room staff explaining things to you in a way you could understand
The amount of time the emergency room doctor spent with you once you got in to see him or her
Help from other staff assisting doctors in the emergency room
The ultimate impact the emergency room care has had upon your health and life.
The thoroughness of examinations the emergency room's doctor conducted
The knowledge and competence of the emergency room's doctor

1 to 5
[DO NOT READ] Don't know
N/A

[ASK Qs.31 to Q.33 IF Q.3 = "YES"]

31. Why did you go to an emergency room instead of going to see your personal family doctor?

[RECORD VERBATIM]

32. Was your personal family doctor involved with your care around the same time and for the same health problem that sent you to the emergency room?

Yes
No
[DO NOT READ] Don't know

33. To what extent do you agree or disagree that your personal family doctor was informed about the treatment you received in the emergency room when you next visited your family doctor? Please use a scale of 1 to 5 where "1" means "completely disagree" and "5" means "completely agree". [INTERVIEWERS NOTE: This refers to personal family doctors being informed about the emergency room care from health care professionals within the health care system and NOT by the patient themselves.]

1 to 5
[DO NOT READ] Don't know
[DO NOT READ] I have not yet gone back to see my family doctor

SPECIALISTS

[ASK Qs 34 - 41 IF Q.10_5 = "YES".]
[READ]
The next few questions are about specialists, that is, a doctor who is a surgeon, heart doctor, allergy or skin doctor, for example, who specializes in one area of health care.

34. How many different specialists have you personally seen in Alberta within the past year?

[ENTER UP TO TWO DIGITS]
None
[DO NOT READ] Don't know

[ASK Q.35 IF Q.34 "1+"]

35. In which city or town did you visit the specialist you most recently saw? [ACCEPT MULTIPLE RESPONSES IF MORE THAN ONE SPECIALIST WAS SEEN]

[INSERT PRE-CODED LIST AND ALLOW OTHERS TO BE ADDED]
Airdrie
Brooks
Calgary
Camrose
Cochrane
Cold Lake
Edmonton
Fort Saskatchewan
Grande Prairie
Leduc
Lethbridge
Lloydminster
Medicine Hat
Red Deer
Spruce Grove
St Albert
Strathcona County
Other: Please Specify [VERBATIM]

36. And how many different specialists have you personally been referred to within the past year and are still waiting to see?

[ENTER UP TO TWO DIGITS]
None
[DO NOT READ] Don't know

[ASK Q.37 IF Q.34 "1+"]

37. How difficult or easy was it to actually obtain the specialist services that you most recently needed? Please use a scale of 1 to 5 where "1" means "very difficult" and "5" means "very easy".

1 to 5
[DO NOT READ] Don't know

[ASK Qs.38 - 41 IF Q.34 = "1+".]
[IF 2+ SPECIALISTS SEEN IN Q.34, READ] Please now think about the specialist that you last saw.

38. How satisfied are you with the health care services you have received from the specialist you visited within the past year? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied".

1 to 5
[DO NOT READ] Don't know

39. And thinking of the past year, how satisfied are you with each of the following aspects of services you received from the specialist? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied". How satisfied are you with [READ AND RANDOMIZE STATEMENTS]:

The amount of time you waited at the specialist's office before getting into see him or her
The specialist treating you with courtesy and respect
The specialist listening carefully to your health care concerns
The specialist explaining things to you in a way you could understand
The specialist spending enough time with you during the appointment
Help from other staff that assists the specialist
The ultimate impact the specialist's treatment has had upon your health and life.
The thoroughness of examinations by the specialist to make a diagnosis
The knowledge and competence of the specialist
The amount of time you had to wait for the specialist to review any required test results
Being involved as much as you wanted in the decisions about the ultimate treatment provided
The specialist being aware of the latest leading-edge treatments for your health problem

1 to 5
[DO NOT READ] Don't know
Not applicable

[ASK Q.40 and Q.41 IF Q.3 "YES"]

40. Was your personal family doctor involved in your care around the same time and for the same health problem that sent you to receive treatment from the last specialist you saw?

Yes
No
[DO NOT READ] Don't know

41. When you next visited your doctor, to what extent do you agree or disagree that your personal family doctor was informed about the treatment you received from the specialist you most recently saw? Please use a scale of 1 to 5 where "1" means "completely disagree" and "5" means "completely agree". [INTERVIEWERS NOTE: This refers to personal family doctors being informed about the care from health care professionals within the health care system and NOT by the patient themselves.]

1 to 5
[DO NOT READ] Don't know
[DO NOT READ] I have not yet gone back to see my family doctor

DIAGNOSTIC TESTING

[ASK Qs 42 - 49 IF Q.10_6 = "YES".]
[READ]
The next few questions are about diagnostic tests.

42. Within the past year, have you <u>received</u> any of the following diagnostic tests in Alberta? [READ LIST]

An [MRI]
Other [diagnostic imaging] such as CAT-SCANs, X-Rays, mammograms or ultrasounds
[Lab tests] such as blood tests, urine tests or ECGs (electro-cardiograms), for example
Yes
No
[DO NOT READ] Don't know

[ASK Q.43 IF Q.42_1 = "YES"]

43. In which city or town did you receive the MRI?

[INSERT PRE-CODED LIST AND ALLOW OTHERS TO BE ADDED]

[ASK Q.44 IF Q.42_2 = "YES"]

44. In which city or town did you receive the diagnostic imaging tests such as CAT-SCANs, X-Rays, mammograms or ultrasounds?

[INSERT PRE-CODED LIST AND ALLOW OTHERS TO BE ADDED]

45. Within the past year, have you been waiting for any of the following diagnostic tests in Alberta? [READ LIST]

MRIs
Other diagnostic imaging tests such as CAT-SCANs, X-Rays, mammograms or ultrasounds
Lab tests such as blood tests, urine tests or ECGs (electro-cardiograms), for example

Yes
No
[DO NOT READ] Don't know

[ASK Q.46 FOR EACH ITEM "YES" IN Q.42]

46. How difficult or easy was it to actually obtain the [INSERT ITEM FROM Q.42 – use phrase in [xxx]]? Please use a scale of 1 to 5 where "1" means "very difficult" and "5" means "very easy".

1 to 5
[DO NOT READ] Don't know

[ASK Q.47 to 49 IF "YES TO ANY ITEM IN Q.42.]

47. Generally speaking, how satisfied are you with the [INSERT EACH "YES" ITEM FROM Q.42 – use phrase in [xxx]] services you have received within the past year? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied".

1 to 5
[DO NOT READ] Don't know

48. And thinking of all of the diagnostic testing we discussed that you have received within the past year, how satisfied are you with each of the following aspects of services you received? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied". How satisfied are you with [READ AND RANDOMIZE STATEMENTS]:

The amount of time it took to schedule your diagnostic tests
Being kept up-to-date on the status of your wait for the diagnostic test
Having the test procedure explained to you in a way you could understand
The amount of time it took to receive the results of your diagnostic test
Being treated with courtesy and respect by those administering the test
Having a doctor spend enough time with you to explain the test results
The ultimate impact the diagnostic test had upon your health and life.
The distance you had to travel to receive the tests
The clarity of the test results to diagnose your health problem
The knowledge and competence of the health professionals conducting the tests
The thoroughness of the testing to diagnose your health problem

1 to 5
[DO NOT READ] Don't know
N/A

49. After you had the test, to the best of your knowledge, did your doctor or specialist have the results when you next visited?

Yes
No
[DO NOT READ] Don't know
[DO NOT READ] I have not yet gone back to see my doctor or specialist

HOSPITAL SERVICES
[ASK Qs 50 to 60 IF Q.10_7 = "YES".]
[READ]
The next few questions are about hospitals in Alberta.

50. Within the past year, have you personally been a patient in a hospital in Alberta: [READ LIST]

Overnight or longer
As an outpatient for a day surgery, tests, treatment or to visit a clinic or doctor at the hospital

Yes
No
[DO NOT READ] Don't know

[ASK Q.51 IF Q.50 = "YES" TO EITHER ITEM]

51. In which city or town were you most recently a patient in an Alberta hospital?

[INSERT PRE-CODED LIST AND ALLOW OTHERS TO BE ADDED]
Airdrie
Brooks
Calgary
Camrose
Cochrane
Cold Lake
Edmonton
Fort Saskatchewan
Grande Prairie
Leduc
Lethbridge
Lloydminster
Medicine Hat
Red Deer
Spruce Grove
St Albert
Strathcona County
Other: Please Specify [VERBATIM]

52. Within the past year, have you been assisting a close family member who has been a patient in an Alberta hospital: [READ LIST]

Overnight or longer
As an outpatient for a day surgery, tests, treatment or to visit a clinic or doctor at the hospital

Yes
No
[DO NOT READ] Don't know

[ASK Q.53 IF Q.50 = "YES" TO EITHER ITEM OR Q.52 = "YES" TO EITHER ITEM]

53. Overall, how difficult or easy was it to actually obtain these hospital services? Please use a scale of 1 to 5 where "1" means "very difficult" and "5" means "very easy".

1 to 5
[DO NOT READ] Don't know

[ASK Qs 54 to 55 IF Q.50 "YES" TO EITHER ITEM.]

54. Thinking of the quality of care and services provided by the hospital staff, including doctors, nurses and other health care professionals, how satisfied are you with the hospital care you personally received within the past year? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied".

1 to 5
[DO NOT READ] Don't know

55. And how satisfied are you with the following aspects of the care and services you personally received at the hospital? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied". How satisfied are you with: [READ AND RANDOMIZE]

The knowledge and skill of the hospital staff
The hospital staff being courteous, sensitive and compassionate
Receiving adequate information regarding your medical condition, hospital care or medications
Making sure needed health services were provided within a reasonable timeframe
Providing you with information about what to expect and what to do after leaving the hospital
Making sure that any follow-up care needed at the hospital was provided
Making sure that contacts were made with other services or agencies that you may have needed after leaving the hospital
The ultimate impact the hospital care has had upon your health and life
The cleanliness of the hospital
Understanding which health care provider was responsible for the services you needed while in the hospital
Having the same or consistent hospital staff provide services to you

1 to 5
[DO NOT READ] Don't know
N/A

[ASK Q.56 IF Q.3 "YES" and "YES TO EITHER IN Q.50]

56. To what extent do you agree or disagree that your personal family doctor was informed about the treatment you received in the hospital when you next visited him or her? Please use a scale of 1 to 5 where "1" means "completely disagree" and "5" means "completely agree". [INTERVIEWERS NOTE: This refers to family doctors being informed about the hospital treatment from health care professionals within the health care system and NOT by the patient themselves]

1 to 5
[DO NOT READ] Don't know
[DO NOT READ] I have not yet gone back to see my family doctor

[ASK Q.57 AND Q.58 IF Q.52 "YES" TO EITHER ITEM]

57. Thinking of the quality of care and services provided by the hospital staff, including doctors, nurses and other health care professionals, how satisfied are you with the hospital care that your family member received within the past year? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied".

1 to 5
[DO NOT READ] Don't know

58. And how satisfied are you with the following aspects of the care and services your family member received at the hospital? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied". How satisfied are you with: [READ AND RANDOMIZE]

The knowledge and skill of the hospital staff
The hospital staff being courteous, sensitive and compassionate to your family member
Providing your family member with adequate information regarding his or her medical condition, hospital care or medications
Providing you with adequate information about your family member's condition and care
Making sure needed health services were provided within a reasonable timeframe
Providing you and your family member with information about what to expect and what to do after leaving the hospital
Making sure that any follow-up care needed at the hospital was provided
Making sure that contacts were made with other services or agencies that your family member may have needed after leaving the hospital
The ultimate impact the hospital care has had upon your family member's health and life
The cleanliness of the hospital
Understanding which health care provider was responsible for the services your family member needed while in the hospital
Having the same or consistent hospital staff provide services to your family member

1 to 5
[DO NOT READ] Don't know
N/A

[ASK Q.59 IF Q.50 OR Q.52 "YES" TO ANY ITEM]

59. Thinking of your most recent hospital experience, was it a local hospital in your community or region, or was it at some other hospital in Alberta?

Local hospital
Other hospital in Alberta
[DO NOT READ] Don't know

[ASK Q.60 IF 'OTHER HOSPITAL' IN Q.59]

60. To the best of your knowledge, why didn't you obtain services from a local hospital? [DO NOT READ LIST]

There were not enough beds available
The specific health care service needed was not available there
The specialist was not available at your local hospital
You asked to be moved
Your family member was visiting from another region
You don't have a hospital in your local community
You were outside of your local community when you needed hospital care
[DO NOT READ] Don't know
[DO NOT READ] Other [SPECIFY]: _____

SURGERY

[ASK Qs 61 to 67 IF Q.10_8 "YES".]
[READ]
The next few questions are about surgery.

61. How many different surgeries have you personally received in Alberta within the past year?

[ENTER UP TO TWO DIGITS]
None
[DO NOT READ] Don't know

[ASK Q.62 IF Q.61 = 1+]

62. In which city or town did you receive your most recent surgery?

[INSERT PRE-CODED LIST AND ALLOW OTHERS TO BE ADDED]

63. And how many different surgeries have you personally been waiting to receive in Alberta within the past year?

[ENTER UP TO TWO DIGITS]
None
[DO NOT READ] Don't know

[ASK Q.64 IF Q.61 "1+"]

64. How difficult or easy was it to actually obtain the surgical medical services you needed? Please use a scale of 1 to 5 where "1" means "very difficult" and "5" means "very easy".

1 to 5
[DO NOT READ] Don't know

[READ IF Q.61 >1 and/or IF Q.63 "1" OR ">1"] Thinking of your most recent surgery,
[READ IF Q.63>1 AND Q.61 "0"] Thinking of the surgery you most recently received a referral for,

65. To the best of your knowledge, was the surgery considered to be "elective" surgery – that is, for a non-life threatening health care condition that surgery was going to improve, or was it considered to be "emergency" surgery – that is, for a life-threatening or immediate health care condition that surgery was required for?

Elective surgery
Emergency surgery
[DO NOT READ] Don't know

[ASK Q.66-67 IF Q.61 "1+"]
[READ IF Q.61 >1] And again thinking of your most recent surgery,

66. How satisfied are you with the surgical health care services you received? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied".

1 to 5
[DO NOT READ] Don't know

67. And how satisfied are you with the following aspects of care and services you received related to the surgery? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied". How satisfied are you with [READ AND RANDOMIZE STATEMENTS]:

The amount of time it took to schedule the surgery
The surgeon treating you with courtesy and respect
The surgeon listening carefully to your health care concerns
The surgeon explaining things to you in a way you could understand
The surgeon preparing you to deal with recovering from the surgery
Any follow-up health care you have received since your surgery
The ultimate impact the surgery has had upon your health and life
The knowledge and competence of the surgeon
Being involved as much as you wanted in the decisions about the final surgical approach

1 to 5
[DO NOT READ] Don't know
N/A

HOME CARE

[ASK Qs 68 TO 73 IF Q.10_9 = "YES"]
[READ]
I just have a few quick questions now about home care services in Alberta. Home care is a term that relates to home nursing, help with bathing or dressing or help with basic household tasks done by an external provider, such as a nurse or health professional who is not a family member.

68. Within the past year have: [READ LIST]

You personally received home care services
You personally been waiting to receive home care services for yourself
You been assisting a close family member who has received home care services from an external provider
You been assisting a close family member who has been waiting for home care services from an external provider

Yes
No
[DO NOT READ] Don't know

[ASK Q.69 IF Q.68 "YES" TO ANY ITEM]

69. How difficult or easy was it or has it been to actually obtain home care services? Please use a scale of 1 to 5 where "1" means "very difficult" and "5" means "very easy".

1 to 5
[DO NOT READ] Don't know

[ASK Q.70-71 IF Q.68_1 "PERSONALLY RECEIVED".]

70. How satisfied are you with the home care you personally received within the past year? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied".

1 to 5
[DO NOT READ] Don't know

71. Why do you say that? [PROBE] Any other reasons? [ACCEPT UP TO 2 RESPONSES]

RECORD VERBATIM

[ASK Q.72-73 IF Q.68_3 "FAMILY MEMBER HAS RECEIVED".]

72. How satisfied are you with the home care services your close family member has received within the past year? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied".

1 to 5
[DO NOT READ] Don't know

73. Why do you say that? [PROBE] Any other reasons? [ACCEPT UP TO 2 RESPONSES]

RECORD VERBATIM

LONG TERM CARE
[ASK Qs 74 TO 77 IF Q.10_10 = "YES"]
[READ]
I now have a few questions about long term care facilities in Alberta.

74. Within the past year, have: [READ LIST]

You received a place for a close family member in a long term care facility in Alberta
You been waiting to receive a place in a long term care facility for a close family member in Alberta

Yes
No
[DO NOT READ] Don't know

[ASK Q.75 IF Q.74_1 = "YES"]

75. How difficult or easy was it to find a place in a long term care facility for your close family member? Please use a scale of 1 to 5 where "1" means "very difficult" and "5" means "very easy".

1 to 5
[DO NOT READ] Don't know

[ASK Q.76-77 IF Q.74_1 = "YES"]

76. How satisfied are you with the services provided by the long term care facility to your close family member? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied".

1 to 5
[DO NOT READ] Don't know

77. Why do you say that? [PROBE] Any other reasons? [ACCEPT UP TO 2 RESPONSES]

RECORD VERBATIM

MENTAL HEALTH SERVICES

[ASK Qs 78 and Q.80 IF Q.10_11 = "YES"]
[READ]
The next three questions are about mental health services in Alberta.

78. Approximately how many times have you received mental health services in Alberta within the past year?

[ENTER DIGIT]
None/DK

[ASK Q.79 and Q.80 IF Q.78 = "1+"]

79. How difficult or easy was it to actually obtain the mental health services you needed? Please use a scale of 1 to 5 where "1" means "very difficult" and "5" means "very easy".

1 to 5
[DO NOT READ] Don't know

80. How satisfied are you with the mental health services you most recently received? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied".

1 to 5
[DO NOT READ] Don't know

PATIENT SAFETY:

[ASK Q.81 AND Q.83 IF Q.9 = WITHIN PAST 12 MONTHS (1-6)]
[READ]
Sometimes when people are ill and receive medical care, mistakes can be made that result in serious harm, such as death, disability, or additional prolonged treatment. These are called medical errors. Some of these errors are preventable, while others may not be.

81. As a result of your personal experiences in Alberta's health system within the past year, to what degree are you personally concerned about medical mistakes being made in the course of your care and treatment as a patient? Please use a scale of 1 to 5 where "1" means "not at all concerned" and "5" means "very concerned".

1 to 5
[DO NOT READ] Don't know

82. To the best of your knowledge, have you, or has a member of your immediate family, ever experienced a medical mistake during your care in Alberta's health care system within the past year that resulted in serious harm, such as a death, disability, or additional prolonged treatment?

Yes
No
[DO NOT READ] Don't know

COMPLAINTS

[ASK Q.83-89 IF Q.9 = WITHIN PAST 12 MONTHS (1-6)]

83. In the past year, have you had a serious complaint about any health care services you have received in Alberta?

Yes
No
[DO NOT READ] Don't know

[ASK Qs.84 - 89 IF Q.83 = "YES"]

84. Did you voice your complaint directly to a health care professional face-to-face, write someone about your problem or complaint, OR not report your complaint to anyone? [INTERVIEWER NOTE: IF RESPONDENT HAS HAD MORE THAN ONE COMPLAINT HAVE THEM REFER TO THEIR MOST RECENT COMPLAINT WHEN ANSWERING]

Voice your complaint directly to a health care professional face-to-face [MP]
Write someone about your problem or complaint [MP], OR
Did you not report your complaint to anyone [SP]
[DO NOT READ] Don't know/don't recall [SP]
[DO NOT READ] Other [SPECIFY]: _____

[ASK Q.85 IF Q.84 = "DID NOT REPORT COMPLAINT TO ANYONE". OTHERS GO TO Q.86]

85. And why did you not report your complaint to anyone?

[VERBATIM]
[NOW GO TO Q.88]

[ASK Q.86-87 IF Q.84_1 OR 2]

86. And to what extent were you satisfied or dissatisfied with how your complaint was handled and addressed? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied".

1 to 5
[DO NOT READ] Don't know

87. Why do you say that? [PROBE] Any other reasons? [ACCEPT UP TO 2 RESPONSES]

RECORD VERBATIM

[ASK Q.88 - 89 IF Q.83 = "YES"]

88. Would you share with us the nature of your most recent complaint about the health care services you received, if you feel comfortable doing so?

[VERBATIM]
Not comfortable sharing the nature of the complaint

89. Would you be willing to be contacted in future to possibly participate in a focus group regarding complaint-handling processes in general, but not necessarily about your specific complaint?

Yes [SPECIFY NAME, CITY/TOWN AND TELEPHONE NUMBER]
No

TIME TO TREATMENT
[ASK ALL RESPONDENTS]

90. If you were ever to need health care services for yourself, how much time would it take you to get from your residence to:

The nearest emergency department
The nearest doctor for first aid and/or other routine care

MINUTES: [ENTER TIME IN MINUTES. ALLOW 3 DIGITS]
HOURS: [ENTER TIME IN HOURS. ALLOW ONE DECIMAL POINT]
[DO NOT READ] Don't know

COORDINATION
[ASK Q.91 IF Q.10 = "YES" TO 2+ ITEMS]

91. Thinking about the health care services you have received in Alberta within the past year, how would you describe how well all of the health care professionals coordinated their efforts to serve your needs? [READ LIST]

Excellent
Very good
Good
Fair
Poor
[DO NOT READ] Don't know

HEALTH LINK
[ASK ALL RESPONDENTS]

92. One year ago, the Government of Alberta implemented a province-wide service called "Health Link" which provides Albertans with toll-free access to nurse advice and general health and services information, 24-hours a day, 7 days a week. Were you aware of the Health Link service?

Yes
No
[DO NOT READ] Don't know

[ASK Q.93 IF Q.92 = "YES". OTHERS GO TO Q.95]

93. Have you called Health Link within the past year?

Yes
No

[ASK Q.94 IF Q.93 = "YES". OTHERS GO TO Q.95]

94. To what degree are you satisfied or dissatisfied with your experience with Health Link? Please use a scale of 1 to 5 where "1" means "very dissatisfied" and "5" means "very satisfied".

SCALE 1-5
Don't know

ADVICE
[ASK ALL RESPONDENTS]

95. If you could change Alberta's health care system to improve health services to you and your family, what would you change? [PROBE IF "DK" OR "NOTHING", Anything at all?] [PROBE] Anything else? [ACCEPT UP TO 3 RESPONSES]

[RECORD VERBATIM]
[DO NOT READ] Don't know

DEMOGRAPHICS
[READ]
The final few short questions are used to broadly group the results of the survey. As before, your responses are strictly confidential, and will not be analyzed individually, but by group only.

PERSONAL HEALTH ASSESSMENT

96. In general, how would you rate your overall health now? [READ LIST]

Excellent
Very good
Good
Fair
Poor
[DO NOT READ] Don't know/Refused

97. In what year were you born? [Range 1900-1986]

19____
DK/NS

98. And how long have you lived in Alberta?

Less than 1 year
[ENTER # OF YEARS]
[DO NOT READ] Don't know

99. What is the highest level of schooling that you have had the opportunity to complete? [READ LIST]

Grade school or some high school
Completed high school
Post secondary technical school
Some university or college
Completed college diploma
Completed university degree
Post-grad degree (masters or PhD)
[Refused/Not Stated]

100. Do you currently have any children under the age of 16 living in your household?

Yes
No
DK/NS

101. Which one of the following categories best describes the total annual income, before taxes, of all members of your household? Please stop me when I reach your category. (READ LIST)

Less than $30,000
$30,000 to just under $60,000
$60,000 to just under $100,000
$100,000 or more

102. And finally, what is your postal code? [IF RESPONDENT REFUSES, EXPLAIN THAT POSTAL CODES WILL ONLY BE USED TO GROUP RESULTS BY HEALTH REGION, HOWEVER IF THEY ARE CONCERNED, THEY CAN GIVE US THE FIRST THREE DIGITS ONLY].

RECORD RESPONSE
DK/NS

[READ]
We thank you very much for your time and opinions today.

HQCA

APPENDIX B: SAMPLING REPORT

HQCA Satisfaction with Health Care Services Survey Sampling Report

Target Population

The target population for this telephone survey included all Albertans age 18 years and older residing in communities throughout Alberta. The most recent birthday method was used to choose the person to be interviewed within each household contacted.

Sample Framework

A total of 4,608 computer-assisted telephone interviews were conducted among a stratified sample of Albertans age 18 years and older selected from households with telephones in Alberta using random digit dialing techniques. The sample was stratified by regional health authority and by the gender of respondents (targeted 50/50 split).

Sample Framework by RHA

RHA	Population Dec. 2003	% of AB Population	# Interviews (n)	Margin of Error (+/-)
RHA 1 – Chinook	152,636	4.9%	446	*4.6%*
RHA 2 – Palliser	98,074	3.1%	408	4.9%
RHA 3 – Calgary	1,122,303	35.9%	851	3.4%
RHA 4 – David Thompson	286,211	9.2%	404	4.9%
RHA 5 – East Central	109,981	3.5%	403	4.9%
RHA 6 – Capital	978,048	31.3%	863	3.3%
RHA 7 – Aspen	176,580	5.7%	411	4.8%
RHA 8 – Peace Country	130,848	4.2%	406	4.9%
RHA 9 – Northern Lights	69,063	2.2%	416	4.8%
TOTAL	**3,123,744**	**100%**	**4,608**	**1.44%**

Weighting Multipliers

The final data set was weighted by the population size of each RHA, by age, and by gender to reflect the actual demographic composition of the population of Alberta according to the 2001 Census of Canadians conducted by Statistics Canada. The following tables identify the weighting multipliers applied in the data.

Weighting Multipliers for Age and Gender

Age and Gender	Weighting Multiplier
Male 18-34	1.420199
Female 18-34	1.498932
Male 35-54	0.977811
Female 35-54	0.991457
Male 55+	0.712490
Female 55+	0.721411

Weighting Multipliers for RHAs

RHA	Weighting Multiplier
1 – Chinook	0.519441
2 – Palliser	0.362034
3 – Calgary	1.931376
4 – David Thompson	1.074849
5 – East Central	0.416657
6 – Capital	1.666107
7 – Aspen	0.643262
8 – Peace County	0.466018
9 – Northern Lights	0.224116

The overall weighting efficiency is 65.1%, increased from 57.3% in 2003 due to the increased number of interviews allocated to the Calgary and Capital Health Regions.

Response Rate

The response rate calculation is based on two separate formulas: A and B:

Response Rate Formula A:

$$\frac{\text{\# of completed interviews}}{\text{\# of completed interviews + \# refused + \# incompletes + \# language barrier}}$$

Based on Formula A, the response rate for this study is 29.3%, increased from 24.6% 2003. The call dispositions used to calculate the response rate are identified as follows:

Formula A Response Rate Calculation

CALL DISPOSITIONS	
Completed interviews	4,608
Refusals	9,965
Incompletes	591
Language barrier	550
TOTAL	15,714
Response Rate	**29.3%**

The second response rate calculation used incorporates a number of uncompleted call dispositions disregarded in Formula A. The response rate calculation using Formula B is as follows:

Response Rate Formula B

$$\frac{\text{\# of completed interviews}}{\text{Call dispositions 1-14}}$$

Based on Formula B, the response rate for this study is 18.8%. The call dispositions used to calculate the response rate are identified in Table 6: Formula B Response Rate Calculation. Please note that eight callbacks were completed for every piece of sample dialled until 4,608 were reached. A total of 264 pieces of sample had not yet been called eight times prior to halting the fieldwork.

Formula B Response Rate Calculation

CALL DISPOSITIONS: ADULT SURVEY		
1	Completed interviews	4,608
2	Refusals	9,965
3	Incompletes	591
4	Language barrier	550
5	No answer	1,080
6	Busy	168
7	Answering machine	3,315
8	Not at home phone number	61
9	Person age 18+ not available	563
10	Occupation	81
11	Quota filled	889
12	Callbacks	264
13	Phone # not in service	322
14	Business/fax	2,013
	TOTAL	**24,470**
	Response Rate	**18.8%**

Interview Duration and Field Dates

The average interview duration was 19.37 minutes. Fielding took place between May 6th and June 18th, 2004. Interviews were conducted during daytime and evening hours 7-days/week.

APPENDIX C: USE OF SHAPLEY'S VALUES IN PENALTY-REWARD ANALYSIS

In Customer Satisfaction studies, it is often critical to prioritize the list of service attributes based on their relationship with the overall satisfaction variable. Derived importance models are generally used to determine these relationships. These models make use of statistical techniques such as multiple linear regression, logistic regression, factor-based regressions, partial least-square regression, or structural equation models.

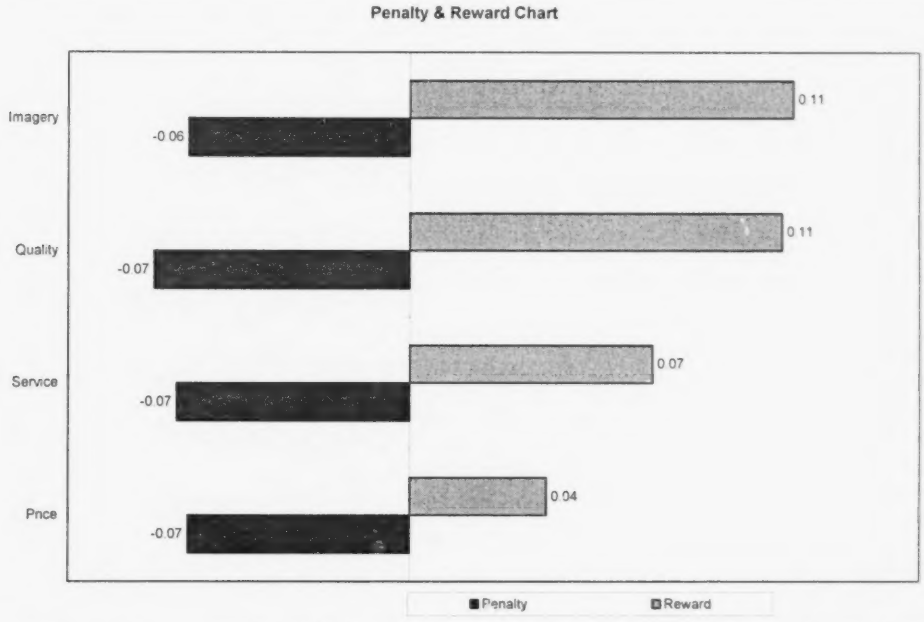
The derived importance models make assumptions about the nature and the distribution of the scale variable used. One typical assumption is that the scale variables yield interval level data, implying equal distances between points along the scale. This is often ***not*** true in Customer Satisfaction survey data. Consider a variable indicating customer overall satisfaction measured on a 5 point scale where 1 is completely dissatisfied and 5 is completely satisfied, a respondent is generally more reluctant to reduce a rating from 4 to 3 than he is 5 to 4. That is, the distance between 4 and 5 is often viewed as shorter compared to the distance between 3 and 4. Similarly, the distance between 1 and 2 is often not the same as the distance between 4 and 5. Another typical assumption is normality. That is, the overall satisfaction variable is assumed to be normally distributed, i.e. symmetric and extend to +/- infinite on either side of the average with light tails. Again, our experience in Customer Satisfaction survey data tells us otherwise. The scale used to measure satisfaction dictates the upper and lower limit of distribution. Most of the respondents tend to use the top end of the scale to rate product/services, while a smaller proportion of respondents uses the middle to lower end of the scale.

Penalty/Reward analysis is inherently more suitable for Customer Satisfaction data. It does not make assumptions about the interval nature of the variable – simply that the scale variables yield ordinal data. The normality assumption is also unnecessary in this case. Here we simply look at the distribution of the overall satisfaction variable and divide the respondents into 3 populations – those who are satisfied with the service, those who are dissatisfied with the service and those who are neither. Of value to us are those satisfied with the service and those dissatisfied with the service. Within each of those, we look at the ends of the scale to determine if lower scale points are correlated with dissatisfaction and higher scale points are correlated with satisfaction. Factors critical to overall satisfaction will show up as rewards. If you deliver on these factors, you can increase satisfaction. Factors critical to overall dissatisfaction will show up as penalties. Failing to deliver on this factor will result in a lower overall evaluation. Some factors may contribute both a penalty and a reward.

Shapley's Values are used to determine the critical factors within the satisfied and dissatisfied population. Here we turn to the field of cooperative game theory for a decision tool to provide more reliable results. Conceptually, SV is very simple. We examine all possible combinations of the service attributes. To evaluate the strength of any particular attribute, we compare the average strength of all combinations that include that attribute to all combinations that do not include it. In customer satisfaction research, we measure strength as the number of consumers who are satisfied on at least one of the attributes in the combinations – ie., the 'reach'. To evaluate the strength of any particular attribute, we

compare the average reach of all possible combinations that include that attribute to the average reach of all possible combinations that do not include it. The bigger the difference, the more important is that attribute. In short, SV analysis assigns a value for each attribute, indicating the worth of that attribute over all the possible combinations of attributes. The highly correlated nature of the data does not present a problem in SV analysis, hence SV analysis is generally stable and can be used as a tracking tool.

For example, let's say we want to evaluate how critical good quality performance is to those



respondents who are overall satisfied with a company. Among those respondents who are satisfied overall with the company, we first look at the level of satisfaction over all combinations of attributes that include quality. We then look at the level of satisfaction overall all combinations of attributes that do not include quality. The difference between the two is the contribution of good quality performance on satisfaction among those who are satisfied overall with the company.

We then apply an adjustment to this number to calculate the reward. The idea behind this adjustment is that if the dissatisfied customers are just as satisfied on any particular attribute as the satisfied customers, then that attribute is not a 'driver' of satisfaction – ie., it is not *causing* customers to be satisfied. The adjustment is applied by calculating a shapley value for customers who are dissatisfied overall, for each attribute with which they are satisfied. We subtract the SV for each item for the overall dissatisfied from the SV for each item for the overall satisfied and the result is the 'adjusted' reward. Penalties are similarly measured.